Tension in Performance — *The ISSTIP Journal*

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Back cover: ISSTIP Head Office

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EDITORIAL
by Professor Nancy Lee Harper

As the newly elected Editor of the ISSTIP Journal – *Tension in Performance* – I proudly assume these responsibilities after having served as the journal's Editorial Consultant for only a short while. With my Co-Editor, Professor Filipa Lã, as well as the ISSTIP Chair Dr. Hara Trouli, and the Editorial Board, we strive to ensure the high quality of a peer-reviewed journal. We seek to address topics of interest and to bring unusual aspects of the Performing Arts as related to Tension in Performance, whether of physical or psychological nature and through scientific, practical or personal expressions.

The loss of the renowned piano pedagogue and founder of ISSTIP, Carola Grindea (1914-2009), has left a huge gap in the lives of her family and in those who knew and worked with her. Her memorial celebrations in London in October 2010, as reported later on, were ample testimonies of those who admired and loved her. Her shoes cannot be filled, but memories of her and her work remain vivid. As Carola often noted, most problems in Performance arise from Tension, either misplaced or in excess. In line with this thinking, the founder of the *Trager®* Approach, Dr. Milton Trager, has observed: "Effort is Tension". Hence, the Performer's perennial dilemma is always "How to have Balance in Performance and in Life itself".

In this issue we bring to you articles on various facets of Tension in Performance: Research on the Treatment of Performance Anxiety for Educators, the *Trager* Approach, Singing and Psychology, Pianists' Posture, Standing up is Hard to Do, Musicians' Stress, and a Personal Reflection about an early childhood influence on performance. As well, several ISSTIP reports of activities and a book review of *Music Motor Control and the Brain* complete the fare. You will also find information about ISSTIP Open days and the ISSTIP online Forum. We ask you, the readers, to please send us your commentaries, questions, and/or submissions to: isstip@gmail.com. Submissions guidelines appear later on in the journal.

The ISSTIP team wishes you and yours a Happy Tension-Free New Year in 2011!

NOTES FROM THE CHAIR
by Dr Hara Trouli

It is great pleasure to see our second journal of 2010 ready and we are all grateful for the authors' contributions. I personally would like to thank our new team of editors, Professor Nancy Lee Harper and Professor Filipa Lã, for all their hard work and their dedication in producing a journal for ISSTIP that not only reflects our efforts to promote health and well-being of the performing artists but also a journal of high standard that reaches out to the world of both science and art.

It has been a transitional year for ISSTIP with new members joining us and new ideas forming as we go along. Students from the music schools, art professionals from around the world, and health specialists have been welcomed in our society. We try to extend our invitation for written work beyond borders and we are already receiving submissions from different parts of the world that we will consider for our future issues of our journal.

ISSTIP is an international society and this last year we participated in meetings in America, Slovenia and Jamaica. These meetings bring us the experience and the insight in what is happening elsewhere and we have had the opportunity to exchange views on matters of our common interests. We are looking forward to our ongoing presence in the global scene.

We further encourage our members around the world to extend their work locally organising new events that will raise awareness of physical and psychological issues concerning performing artists. ISSTIP will be on their side to help with material and ideas.

Here in London where our head office is and where our central committee meets during the year, we are ready to embark on new initiatives. This coming year we are preparing our annual seminar and our new ISSTIP Open Days where students, teachers and performers can get together and bring along their health-related problems for discussion and advice. There is much more to come in the future and we hope that ISSTIP will grow bigger and stronger in order to keep offering its services to its members and beyond

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ISSTIP Open Days

Sunday 6th March 2011
3 - 6 pm
London, UK

Sunday 8th May 2011
3 - 6 pm
London, UK

The International Society
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- Beginning of a lifetime's enjoyment

Relaxation & Therapies:
- Keeping on the ball

THE CONTRIBUTION OF RESEARCH TO THE TREATMENT OF PERFORMANCE ANXIETY FOR USE BY EDUCATORS

By Katrina Rumball

Abstract: Research exploring the treatment of music performance anxiety (MPA) and its relevance to educators is evaluated. The necessity for agreement on the definition of MPA to achieve consistency within the field is highlighted. Treatment for amateurs and professionals of all ages is discussed, with reference to where research should be focused. Research into the numerous methods for the potential alleviation, or improvement, of the symptoms of MPA is reviewed, providing a useful overview for educators. The importance of a research methodology providing comparisons of techniques is emphasised. Access to research is discussed, encouraging the provision of a more useful overview of implications for teaching.

Music Performance Anxiety (MPA) is a condition from which many musicians, beginner, amateur or professional, suffer. Lockwood (1989) reported that 24% of musicians frequently suffered from 'stage fright' which, within that study, was defined as the most severe form of MPA. Research into treatment for MPA is thus highly important. This paper evaluates the research into the various methods of treatment for MPA, however it should be noted that it will not focus on prevalence or symptoms, as these have been well-researched and require less development within the literature (e.g. Creech *et al*. 2008; Papageorgi *et al*. 2007). Other key issues which are discussed include the consideration of accessibility of the research, and the type of musician it should target in order to increase the potential contribution of research to the treatment of MPA. A key target group for further research and its dissemination should be the educators of performing musicians, whose contribution would be much enhanced by the acquisition of greater skill in the prevention and treatment of performance anxiety. It is unfortunate that standard treatments for anxiety disorders do not directly transfer to treatment for MPA (Kenny, 2005), but this does create a good opportunity for research. Various forms of treatment for MPA have been researched, but, so far, no single method has been demonstrated as superior. This paper is intended to provide a useful review for music educators and performers, illustrating the huge range of methods available for consideration in the treatment of MPA.

One immediate concern to highlight in a review of the literature is the considerable level of disputed definition of MPA. This includes whether 'stage fright' should be included or separate from the definition of MPA, or whether it is an anxiety disorder as opposed to symptoms representing occupational stress. Few papers define and explore MPA in the same way, despite an official definition provided by the DSM-IV TR [*Diagnostic and Statistical Manual of Mental Disorders, 4th edition, text* revision] as a social phobia (APA, 1994). Thus it has been argued by many researchers (for example, Kenny *et al*. 1982; Kenny, 2005) that confirmation on the precise definition is necessary to bring consistency to research. It is up to future research within the discipline to come to agreement upon its definition and thus strengthen the field, improving application of the research with both performers and educators.

A major issue regarding the contribution of research is its lack of specificity about whom the research is aimed to help. MPA in children and adolescents has received little attention so far (Osbourne and Kenny, 2005), and similarly, neither has research paid much attention to amateur adult performers. Kashani and Orvaschel (1990) argued that most anxiety disorders begin during childhood and adolescence, however it is not currently clear if this applies to MPA (Osbourne and Kenny, 2005). For those instrumental teachers who teach adults and children, beginners and semi-professionals (which is fairly rare), if they have explored MPA treatment for their more advanced students they may take the initiative to utilise this knowledge with their less advanced students. However, if MPA is not raised as an issue for amateur musicians, it is a concern that those teachers who predominantly work with beginners may not realise the benefits of the treatments available for their pupils. It may be argued, which research should explore, that dealing with performance anxiety in beginners and amateurs is not necessarily a treatment method, but would be based around preventative methods. Indeed it is not yet apparent which treatment techniques, or other interventions, might be utilised to prevent the development of MPA.

Research for professionals is obviously necessary. Sternbach (1995) described working as a professional musician as creating a total stress quotient, exceeding the stress observed within other professions. Research has also found that MPA may be influenced by a performer's level of aspiration; high aspiration means that failure is more likely to cause distress because the individual's self-esteem is more vulnerable to being threatened by sub-optimal performance (Al Safi, 2002; McGregor and Elliot, 2002 – although these studies are not specifically in music), as a result, this appears more likely within a professional population.

There have been few estimates of the prevalence of performance anxiety in children, although there have been some studies that have shown its existence. Fehm and Schmidt (2006) explored MPA in adolescents aged 15-19 years attending a specialist music school, and found roughly one third were handicapped by their anxiety. Another example is LeBlanc *et al*.'s (1997) study which found the presence of an audience increased MPA in children aged 14-18 years. Ryan (1998) examined MPA in 12-year-old piano students during lessons and individual recitals and found rises in heart rate during the recital measurements, a correlation between self-esteem and anxiety and that the students suffered from a fear of making mistakes in front of an audience.

However, this study's methodology is disadvantaged by not specifically recruiting subjects who suffered from MPA. This is a methodological issue which will continue to arise throughout the research examined within this review. Had such research been excluded the amount available for review would be cut drastically (such studies examine the occurrence of more minor anxiety symptoms in a general population of musicians). Although the papers examining MPA in children have contributed to research, with beneficial findings in terms of the prevalence and causes, none of them explored treatment. Recently, Osbourne and Kenny (2005) recruited participants of 11-19 years old from three performance high schools and created the MPAI-A, a fifteen-item self-report measure of MPA in adolescent musicians. This measure will hopefully encourage research exploring the treatment of MPA within a younger population.

There are various examples of how research into the treatment of MPA tends to be geared toward professional musicians. As mentioned previously, research often debates whether MPA is an anxiety disorder or produced by various symptoms symbolising occupational stress; researchers following the latter definition use one that implies a professional element. When discussing potential factors that will influence MPA, they are often considered in a style purely aimed towards professionals. "Professional idiosyncrasies (technique, artistic maturity, degree of exposure) can result in performance stress leading to fear of failure, fear of competition and threaten professional survival" (Lang, 2000, p.2). Similarly, Lehrer (1987) describes that, "only a small percentage of conservatory graduates will ever be able to earn a living as performers. In such a buyers' market for talent, performers can lose a steady job or a chance for a concert tour because of a single bungled performance. This cannot help but raise anxiety" (Lehrer, 1987, p.147). Lehrer (1987) also highlights the pressure of outside factors such as reviews and audience passing judgement.

Anxiety treatment for professionals is clearly important, with obvious results with fast effect. A professional musician needs to be able to perform well, relying on their quality of performance to earn their income. However, it is also important to treat performance anxiety in amateurs, including those individuals who are just beginning to learn an instrument. Some of these individual's have the potential to become fantastic musicians, or even simply to thoroughly enjoy their performance experiences, which may be argued to have equal importance. However, their learning process may be halted if they suffer from performance anxiety within their first performances. "The noxious experience of musical performance anxiety […] is frequently responsible for prematurely curtailed career exploration and commitment in the field of music" (Sweeney and Horan, 1982, p.486). Arguably, children and amateurs may not view anxiety as such an important issue, particularly as they normally perform less frequently than professionals, and as a consequence so may their teachers and peers. If teachers are less likely to help non-professionals deal with, or prevent, anxiety it is up to researchers to highlight its necessity in a manner easily accessed by teachers.

The most obvious MPA treatment methods are behaviour-based, "preparation, appropriate selection of pieces to play and systematic desensitisation through habituation (frequent public performances) [which] characterise the daily life of many musicians." (Lang, 2000, p.3). However, in her review Kenny (2005) argued such behavioural treatments are only minimally effective, emphasising the necessity of research. Other more basic methods of treatment have been described, termed as 'mental strategies' to help manage MPA. Ristad (1982) emphasised focusing attention away from one's self, analysis of the task, debating conflicting feelings of performance, examining performance problems without judgement, and utilising 'paradoxical intention' strategies to bring attention to details such as rhythm and the feeling of the music. However, Sweeney and Horan (1982) found that the commonly applied method of musical analysis training had no effect on MPA.

Kendrick *et al*. (1982) and Harris (1987) have studied the treatment of MPA with cognitive-behavioural therapy (CBT), a recommended first-line treatment within mental health (McIntosh *et al*. 2004). Kendrick *et al*. (1982) found that CBT was more effective than behavioural rehearsal for expectations of personal efficacy and visual signs of anxiety, although both methods were effective. CBT was also more effective on measures of cognitive states, thoughts, behavioural expressions of anxiety and quality of playing. However, neither method affected self-reported anxiety. The differences between treatments were not evident at the end of the brief treatment programmes, but were instead evident at a follow-up measure. Due to the participants' persistence to utilise the newly learnt skills of self-management, therapeutic programs often lead to continued improvement following the end of treatment (Kanler, 1979, as cited by Kendrick *et al*. 1982). Kendrick *et al*'s findings were supported by Harris' (1987) study in which CBT was found to reduce state anxiety. Compared with other examples of research within the treatment of MPA Kendrick *et al*.'s (1982) methodology is strong. The researchers investigated two types of treatment against a control, helping clarify which treatment works most effectively, not purely whether a method has an effect. Another attribute is that the study sampled fifty-three people, a larger sample than most other studies in this field. Additionally, the study concluded with a section 'Implications for the Musical Community', a useful resource for educators, and a feature that research within the psychology of music should utilise more often to promote and emphasise beneficial findings.

There has been some research into the effect of 'coping strategies' on MPA. By definition, coping strategies are not a treatment for MPA; however these studies have

shown positive effects. Wolfe (1990) found that the coping strategies most frequently used by amateur and professional musicians were deep breathing, relaxation and physical activity in addition to preparation, practice and coaching with the former being most effective. Wolfe emphasised the strength of such coping strategies and encourages them to become part of a musician's schedule. Reitman (2001) investigated the effects of verbal coping systematic desensitization and music-assisted coping systematic desensitization alongside a waiting-list control group. However, although the questionnaires showed a trend in groups, results from these self-report measures, as well as two physiological measures, found no significant difference between treatment groups.

Sweeney and Horan (1982) examined the combined effects of cue-controlled relaxation (CCR) and cognitive restructuring in the treatment of MPA, against a standard treatment control group. They found both treatments reduced state anxiety as measured by self-reporting and pulse rate, additionally CCR improved musical performance. Combined treatment was also successful, and was impressive in consideration that researchers held counsellor contact time constant across all conditions, meaning that the combined group received less coping skills training than the treatments that were administered alone. There are many other examples of research exploring combined treatment, and this comparison works to strengthen methodology. Brodsky and Sloboda (1997) examined counselling, counselling combined with relaxation, and counselling combined with both relaxation and vibro-tactile sensations. They found various improvements, including reductions in anxiety, depression, fatigue, confusion and stress; however there was little difference between the treatments. This study suffers methodologically without the inclusion of a control group, and the participant sample was not of MPA sufferers. Niemann *et al*. (1993) examined biofeedback and behavioural techniques and found improvement post-intervention as compared to the control group. Similarly, Nagel *et al*. (1989) investigated CBT and biofeedback and found improvement post-intervention. Lazurus and Abramovitz (2004) examined a multi-modal behaviour approach with a violinist whose MPA had the potential to jeopardise his career. The systematic desensitisation procedure consisted of sessions devoted to performance in the clinical setting, listening to the rehearsal and playing along to the recording of the orchestra. The participant responded well, however, such extensive treatment may be hard to replicate. Recently, McGinnis and Milling (2005) reviewed the psychological treatments of MPA. They argued that cognitive therapies can be useful, yet found no clear evidence to suggest the superiority of one approach; neither did they find any obvious benefits of combining both exposure and cognitive therapies. Kenny (2005) argued there was little to show that combined treatment was more effective than a single treatment, with most research revealing one approach as most productive. Additionally, it could be speculated that combined treatment is likely to be less cost-effective.

An interesting approach is the use of music as a therapeutic agent to treat MPA. Montello *et al*. (1990) examined the use of music therapy in reducing MPA, which included three musical performances, verbal processing of their anxiety, awareness techniques and musical improvisation. Following the intervention, participants were significantly less anxious and significantly more confident. Kim (2005) found that the combined treatment of improvisation, desensitisation and breathing exercises produced significant improvements in two, out of the four, self-report measures. However, this study had only six participants and these participants were not compared with a control group (although Kim designed the study so they served as their own controls). It should be noted that musical improvisation is not suitable for everyone; some musicians may find it an alien practice and thus it may heighten anxiety (Kenny (2005).

Research has also examined some less obvious practices. Esplen and Hodnett (1998) examined guided imagery to manage MPA. The technique involves the participant imagining themselves during a performance focusing on images of control and mastery alongside descriptions of a relaxed state, feelings of confidence and a supportive audience. T-tests found a significant decrease in anxiety levels post-intervention, but no relationship between decreased anxiety levels and performance satisfaction. Their study consisted of well-designed control trials, although not randomised, and they concluded that the technique demonstrated good potential as an important MPA intervention. Stanton (1994) examined the effects of two 50-minute hypnotherapy sessions with music students suffering from MPA. The study found a significant reduction in MPA post-intervention compared to a control group, and further improvement in a six-month follow up. Similarly, Chang *et al*. (2003) examined meditation as an intervention for MPA. The experimental group received eight sessions of meditation classes and following this eight-week training period all participants performed in a concert. Compared to the control, performance anxiety had decreased post-intervention in the experimental group, however there were no significant differences in post-test state anxiety and performance concentration. Participants receiving the intervention reported an increase in relaxation pleasure including in the period immediately before performing. Another technique that has received attention is the Alexander technique, which involves learning how to reduce areas of tension by focusing on the alignment of the spine (Kenny, 2005). Valentine *et al*. (1995) explored this technique with a group of 15 music students, compared with a control group. They found post-intervention improvement in musical quality, however, effect size was weak (0.13) due to a small sample. Khalsa and Cope (2006), in their pilot study, examined the effects of a yoga lifestyle on MPA in professional musicians. In the study's questionnaire data they found a statistically significant decrease in MPA between

baseline and post-intervention measures in subjects receiving the yoga intervention compared to a control group within all three conditions (practice, group performance and solo performance). However, the yoga groups were not significantly better in measures of anxiety, mood and flow, and there was a small sample size. Additionally, participants in the yoga group were highly motivated to participate in that intervention, so results may have suffered from the Hawthorne effect (this is applicable to most studies examined within this essay, but is particularly noteworthy within this study). A strategy new to the field, the Schlaffhorst-Anderson method, based on interactions between emotional processes, reactions of the sympathetic nervous system and motor performance, was pioneered by Lang (2000). However, the paper does not make the procedure completely clear. Additionally, it appears this approach has not yet been tested by any other research.

Drug interventions aimed at tackling the physiological manifestations of MPA, predominantly the increased sympathetic nervous system activity (Lederman, 1999), have, so far, not received much positive comment. The theoretical benefit of such drugs is two-fold; they reduce the physical symptoms of anxiety, and therefore improving performance and enhancing confidence, and they reduce anxiety by a bio-feedback mechanism of reduced awareness of the feelings of anxiety. However, Clark and Agras (1991) found that *buspirone* (a serotonin receptor agonist, commonly used in the treatment of generalised anxiety disorder) was not as effective as CBT. In fact, within some studies examining the application of *buspirone* with social phobias, the drug has failed to produce a greater effect than a placebo (Kenny, 2005). The anxiety-reducing drugs known as *benzodiazepines*, while frequently used in treatment of anxiety in the general population, are generally avoided in treatment of MPA because of the known adverse effects on memory and concentration.

There are many examples of research into the use of beta-adrenergic blocking agents (beta-blockers) as MPA treatment. Using a double-blind clinical trial James *et al*. (1977) compared a placebo-receiving control group and a group receiving *oxprenolol* (40mg). The participants were measured on performance and physiological variables on two separate days. They found that musical performance, judged by two professional assessors, was enhanced, with the greatest improvement in the first performance and in those most affected by nervousness. Players receiving *oxprenolol* felt calmer prior to performance and happier with their recital. Unfortunately, none of the participants, a group of twenty-four string players, were MPA sufferers. Neftel *et al*. (1982) examined twenty-two performing string players. They found that the placebo group showed a significant impairment of technical motor performance when performing to an audience compared to when there was no audience present. Under beta-blockade this showed a slight, but not significant, improvement, it did not influence stage fright prior to performance, but did reduce it during the concert. They concluded that *atenolol* was partially effective. The also noted that the use of beta-blocking drugs for stage fright has some strict medical implications. In a double-blind study, Brantigan *et al*. (1982) found that the beta-blocker *propranolol* eliminates physical symptoms of stage-fright during performance. The quality of musical performance, assessed by music critics, was significantly improved with *propranolol*. They also found that stage fright problems were increased with *terbutaline,* a beta-stimulating drug. They cautioned that beta-blockers should only be used following careful consideration of any potential detrimental effects on performance. James *et al*. (1993) found a reduction in anxiety when 5mg of *pindolol* was administered and this was associated with a subjective improvement in performance. James and Savage (1984) examined *nadolol* (40mg) and *diazepam* (2mg) on MPA with thirty-three musicians. *Nadolol* improved coordination and aspects of playing that can be affected by tremor. However, there was no affect found for anxiety for either *nadolol* or *diazepam*, and *diazepam* caused a minor decrease in performance quality that was not related to anxiety change. Gates and Montalbo (1987) found no significant difference in overall quality of performance between a group receiving 20mg of *nadolol* compared to the placebo group. They concluded that the use of beta-blockers is not advantageous for singers coping with nervousness.

The literature on drug intervention is much richer than that exploring other methods, however there are some clear differences in opinion as to its effectiveness. Lehrer *et al*. (1987) reviewed the use of beta-blockers and concluded that the benefits may be outweighed by their side effects. The use of beta-blockers is generally not accepted by many singers and wind instrumentalists, because research has found them to increase salivation (Sataloff *et al*., 1999). In contrast, after reviewing various studies Lederman (1999) argued that beta-blockers are very effective, as well as safe, at treating symptoms such as sweating and tremors, with a single low dose administered 60-90 minutes proceeding performance being sufficient. They have the added advantage over anxiety-reducing drugs of being free from cognitive impairment. However, he also argued that individuals requiring a long-term solution should consider alternative approaches. As Brantigan *et al*. (1982) outlined, medication requires careful consideration, so perhaps it may be wise that educators suggest that performers explore other treatments before medication.

Kenny concluded that, "the literature on treatment approaches for MPA is fragmented, inconsistent, and methodologically weak." (Kenny, 2005, p.206) and had to resort to examining unpublished papers, and dissertation abstracts in her review (which this essay has not included) to supplement research from a field with only a modest number of papers published. Additionally, as Kenny frequently indicated, the methodology of these unpublished studies was not strong enough to reach reliable conclusions. The most dominant of the problems, for published papers, were small effect sizes, for example Valentine *et al*.'s (1995)

study. The other obvious weakness was that participants specifically suffering from MPA were not recruited. Kenny (2005) argues that participants suffering from MPA should be examined, as opposed to music students (often studied because they are an easy population to access). McGinnis and Milling's (2005) review also recommended screening out individuals who do not show marked dysfunction. Studies examining musicians not suffering from MPA include Valentine *et al*. (1995), Brodsky and Sloboda (1997) and Ryan (1998).

Some papers do not meet the current standards for randomized control studies, and faults can also be highlighted within the measures used for anxiety, with over-reliance on self-report outcome measures (McGinnis and Milling, 2005). They also recommended including follow-up data, treatment manuals, multiple therapists and multiple outcome measures. Follow-up measures may be particularly useful for determining whether improvements have long-term effects. It is also necessary that, "future research studies will need to systematically vary the intensity and duration of treatment" (Kenny, 2005, p.206) to determine optimal levels of effectiveness before solid recommendations can be made and utilised by music teachers and performers.

As mentioned previously, literature often only measures one method against a control. This can only decipher whether that method is effective not whether that method is any more effective than an alternative. Within this field, discovering the most effective treatment should be the principle aim; studies must thus compare treatment methods. However, educators may find it useful to acknowledge that exploring numerous methods, including those less obvious, opens up a variety of treatments creating potential for one method to be best suited to an individual.

How then does an individual with MPA seek help? Beyond their instrumental teacher, the next point of call for a musician suffering from performance anxiety is likely to be their GP [General Practitioner]. Unless very specialist, a GP is unlikely to have read deeply into research on MPA. Supporting this is the fact that research so far has not been published in journals that GPs are generally likely to access. They are thus likely to either source a review article such as Kenny's (2005) (which is probably not conclusive enough), or a textbook. It is common within the psychology of music for textbooks to be the main providers of valuable research to those that may apply the findings. One such textbook, by Wilson (1994), covers various psychological issues for all types of performing artists and describes various treatments for performance anxiety. The chapter covers performance anxiety for a range of performances which, although less specific, is actually likely to increase the reading audience, publicising such research findings more effectively.

The first treatment highlighted by Wilson is self-medication using *anxiolytic* drugs such as alcohol, which is very common. He warns against such practice becoming a habit, and highlights resulting issues such as state-dependant memory loss, if performing sober, following such a habit during learning or rehearsal. His initial information on the use of beta-blockers is relatively positive compared to recent research, but he does discuss side-effects and therefore argues psychological treatments are preferable. In his conclusion, he describes drugs as a "desperation measure" (Wilson, 1994, p.202). The other techniques he discusses include the deconditioning techniques of flooding and systematic desensitisation, muscular relaxation, biofeedback, in which he promoted one package called *RelaxPlus*, meditation, autogenic training, hypnotic suggestion, healthy lifestyle, the Alexander technique, cognitive orientation, stress inoculation to develop realistic expectations, self-talk, goal imaging and mental rehearsal. He also warned against self-handicapping, the absolving of responsibility from performance by creating excuses for poor performance. However, it must be stressed that few of his recommendations were actually supported by citations, for example his recommendation to nap before a performance. On a positive note, he covers many techniques and is reasonably conclusive in his recommendations. Additionally he concluded with a five-point checklist for performers, focusing on how a performer should examine their levels of anxiety and the type of treatment that may best suit them. Textbooks such as these should be incredibly useful to music teachers to aid discussion with pupils of the various options available to employ to reduce symptoms of MPA (however, it is necessary for such textbooks to cite research to support their recommendations). It should be hoped that a textbook will soon emerge with such focus with the inclusion focus and the inclusion of recent research. Ideally this would be twinned with researchers providing brief, reader-friendly, versions of their findings and recommendations to educators within teaching magazines.

It is evident that research has made a valuable contribution to the treatment of MPA. There are many approaches in its treatment, and with research in its infancy, there is no clear optimum technique. Perhaps there is also something to learn from examining the literature for performance anxiety treatment in other performing arts. So far it seems psychological methods are preferred, but there is no conclusion regarding the optimum technique. "Which psychological approach is best depends upon the individual performer and the nature of their problem." (Wilson, 1994). Clearly, "there is considerable scope for the further development and evaluation of appropriate interventions" (Kenny, 2005, p.203). Two main methodological concerns worthy of emphasis in order to improve the contribution research makes to treatment are that treatment methods need to be compared with others and that participants should be MPA sufferers. It is unfortunately a presumption of researchers that musicians and educators are knowledgeable about the various methods available, so it is left to textbooks (for example, Triplett, 1983; Green, 1986; Wilson, 1994) to be the access points to such

knowledge. It would also be beneficial for research to explore the importance of treatment, and perhaps more crucially, prevention in beginners, working with teachers to do so. Research into MPA should move forward, placing less focus on prevalence and symptoms, but on prevention and treatment, which clearly carry more positive applications.

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STANDING UP IS HARD TO DO

By Steven Rodman

Of Carola Grindea's many achievements, *The Grindea Technique* which is quickly learned and gives instant results, will be of benefit to artists for many years to come. In essence, a *mental* routine - the spine is *willed* ('commanded' in typical Carola speak) to lengthen – it aims to achieve the *perfect state of balance of the body*. [Carola's italics] She ends her written instructions:

> *To achieve this exhilarating state of body and mind is easy and anyone can learn it in a few minutes. But to maintain this state while practicing or performing for hours, sometimes with no interruptions, demands a very specialised study, slow practicing and constant awareness of muscular freedom*. [1]

In this article I hope to elucidate in what, for the performer, consists of awareness of muscular freedom, specifically in the pelvis.

Tension and Awareness

"But there must be *some* tension or you'd crumple in a heap!" is a common enough rejoinder directed at those of us who understand and talk about relaxation in the performing arts. And perhaps yes, we have been at fault in stressing what we shouldn't be doing over that which we should. Where then *should* we have tension in *Grindea Technique*? Or can we instead be more direct and ask - What should standing up *feel* like? These two questions are more intimately linked than may appear at first reading - Carola's insistence on *awareness* is the key.

Compared to other neural processes consciousness is actually quite slow (about half a second).[2] The speed of alpha afferent (sense) and efferent (motor) nerve fibers (120 meters/sec) are such that consciousness perceives no time gap between the will *when it moves* (efferent messaging) and *feeling* (sense data) as movement is happening. For consciousness *the will* to move coexists with the movement itself. As an instance - if your forearm is on an armrest or table and you wish to raise it pivoting on your elbow, the will is directed at the limb *to be moved* not the actual generator of the movement (flexors in the upper arm). For us as conscious beings, the movement *becomes* the moving and therefore awareness the movement, or, put very basically, to be aware of movement is to move. [3] The world outside of our bodies certainly doesn't act like that!

The Pelvis

The role of the pelvis in maintaining good posture cannot be emphasized too often. Kendall *et al*. affirm:

> *Without minimizing the importance of proper foot positions that establish the base of support, it may be said that the position of the pelvis is the key to good or faulty postural alignment. The muscles that maintain good alignment of the pelvis, both anteroposteriorly and laterally, are of utmost importance in maintaining good overall alignment. Imbalance between muscles that oppose each other in the standing position changes the alignment of the pelvis, and adversely affects the posture of the body parts both above and below.*[4]

How then do we maintain muscular freedom in the pelvis? By becoming *aware of its movement*, in this instance isometric. According to Kleen:

> *In an easy standing position the centre of gravity of the trunk falls behind the transverse axis of the hip joints. The weight of the trunk acts on the pelvis in the region of the promontory of the sacrum. The posterior part of the pelvis is rotated downwards, the anterior part upwards, so that the lower extremities are fully extended at the hip, or, in other words, the pelvic tilt is reduced to its minimum. The stretching of the ilio-femoral ligaments to the maximum causes the minimum tilt to be reached before the pelvis has rotated too far backward, and it is generally held that the flexors need not come into action at all to fix the hips in an easy standing position. Since the line of gravity falls far back in this position, we stand with knees slightly bent and with feet somewhat dorsally flexed in order to bring the line inside the supporting surface.*[5]

To summarize, Kleen [5] is saying the weight of the trunk does not rest on the top of the femur heads as commonsense would suppose but *hangs* from the ilio-femoral ligament, the strongest ligament in the body (see Fig 1) [6], behind a line drawn from femoral head to femoral head. We have met this relationship before in my article on the shoulder girdle. Its weight, along with the weight of the arms, also hangs - down the back. In both instances nature's intent would seem to be to equip us with shock absorbers!

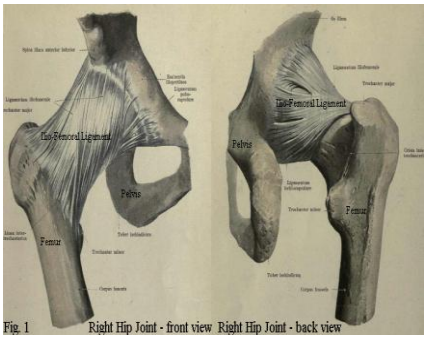
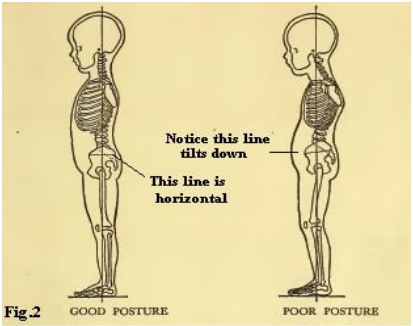


Fig. 1 Right Hip Joint - front view Right Hip Joint - back view

It's quite clear from Kleen's description that in our *Grindea Technique* we need to actually *hang* the pelvis on the femoral heads. How are we sure we have done that? Either *feel* as though you are just about to sit down or, as Andrew Krauss put it in ISSTIP's last issue, 'the "seat" was to be dropped slightly, as if sitting.'[7] Notice *feeling* an action carried out becomes quite interchangeable with *doing* an action. But, what *generates* the action?

Kendall *et al*. again:

> *In lateral view, the anterior and posterior muscles attached to the pelvis maintain it in ideal alignment. Anteriorly, the abdominal muscles pull upward, and the hip flexors pull downward. Posteriorly, the back muscles pull upward, and the hip extensors pull downward. Thus, the anterior abdominal and hip extensor muscles work together to tilt the pelvis posteriorly; the low back and hip flexor muscles work together to tilt the pelvis anteriorly.*[8]



The vast majority of inefficient postures involve a tilt anteriorly (see Fig. 2) [9]. The pelvis fails to hang. Here is Ida Rolf, founder of the Rolfing technique:

> *A pelvic lift gives a person the feeling, oh, this Rolfing is good. A general feeling of well-being. It suddenly lifts them up and sends them flying. That feeling of well-being would literally not be there if it weren't for the fact that this is the crux of the situation: to establish horizontality in the pelvis. That's the goal of every hour.* [10]

Lynn Medoff refers to correct violin posture:

> *…The pelvis (the body's center) hangs under the rib cage and balances on top of the legs. It is stabilized by a lengthened contraction of the abdominal muscles to prevent the most common positional fault of swaying the hips forward.* [11]

The Rectus Abdominis and External Oblique

In my previous article "Bosom up!" it was found that the *actual* generator of the lifted breastbone was in the back (the rhomboids and to some extent the trapezius muscle group) *not* as usually assumed, in the chest. This fallacy has lead to a very common source of tension in the higher rectus abdominis or *six-pack,* which is great for sit-ups but *not* utilized in a standing posture. When in a quiet standing posture, with shoulders correctly hanging down your back, allow your six-pack to drop (see Fig. 3).[12] You'll feel a little spare tire flop over your belt and your chest will feel relaxed (maybe for the first time ever). Below the six pack (infraumbilical) the rectus abdominus has a longer, stronger section I choose to call the *two-pack*. This, along with the external oblique (see Fig. 4),[13] make up the anterior abdominal muscles referred to by Kendall *et al*. above which pull upward against the hip extensor's pull downward. Just as in when the shoulder girdle is balanced you should feel a pull *down* the back by the rhomboids and trapezius so also you should feel a pull *up* the front by this group. Wrapped and ready for presentation, if you will! **Note very carefully** – you should and must merely *sense* tension at the bottom of your rectus abdominis near where it attaches to the pubis just as you should also merely *sense* tension between your shoulder blades (rhomboids) – **don't put tension there!**

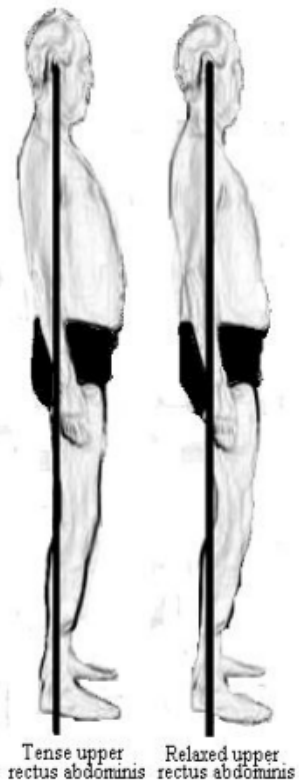


Fig.3

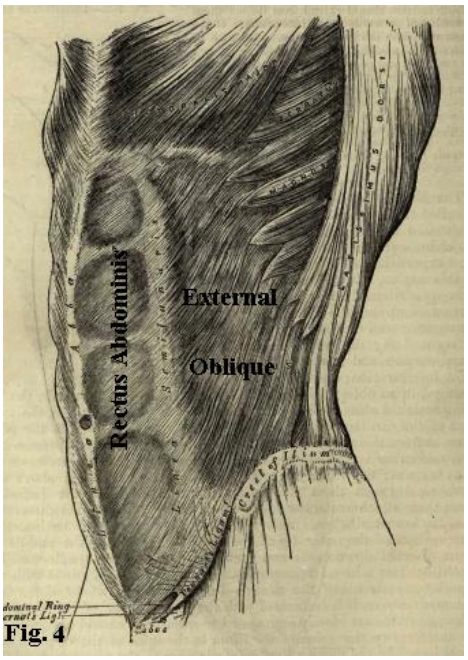


Fig. 4

Corrective Exercises

Below are two exercises (Fig.5, 6) [14], which aid learning to *sense* the correct muscle group by voluntary contraction. The first will help you learn to sense the appropriate tension from a *seated* posture. Slanting the thighs will help you preserve the standing lumbar curve while seated (common knowledge in riding schools (see Fig. 7) [15] - to this end Carola recommended blocking up the back legs of your stool/chair by about an inch.

Wall Sitting Exercise
Sit with back against the wall – back of the head touching and chin tucked in. Pull on your two-pack till the length of your spine can be felt touching the wall. Allow your chest (six-pack) to relax.

Fig.5

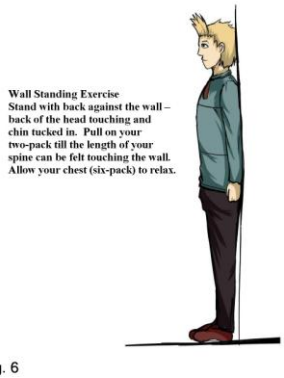

Wall Standing Exercise
Stand with back against the wall – back of the head touching and chin tucked in. Pull on your two-pack till the length of your spine can be felt touching the wall. Allow your chest (six-pack) to relax.

Fig. 6

The 'Zone'

The *Grindea Technique* begins from a pose known in the clinical literature as quiet standing. Assuming this posture in the Grindea way involves acquiring a sense far in access of any clinical requirement though. In fact, it is an art in itself — the same art as playing the violin, singing or dancing because, all the while, *in between* the tensions of performance, you return to the technique.

This is Carola's meaning when she calls this state *a very specialized study.* It's not just done in the wings before you go on. 'Yes, it'll put you into the 'zone'; your task is to learn how to stay there.'

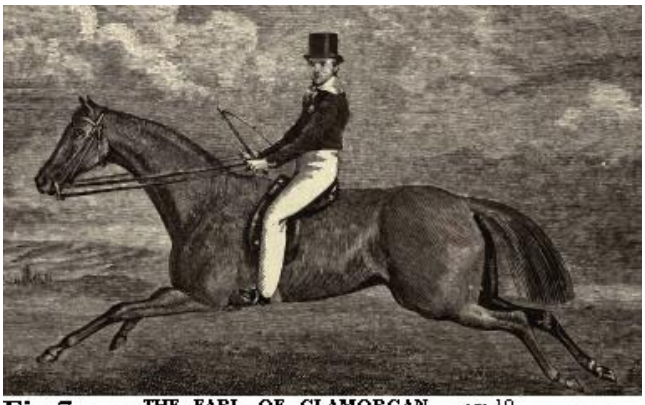


Fig.7 THE EARL OF GLAMORGAN age 10
(afterwards 8th Duke of Beaufort)

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[2] **Nørretranders**, Tor (1999) *The user illusion: cutting consciousness down to size*. New York: Penguin, p.189.
[3] Interestingly perception beyond our bodies works in the same way. Efferent signals always fire in relation to perceived movement.
[4] **Kendall** FP, McCreary EK. (2005) *Muscle Testing and Function*. 5th ed. Baltimore, USA: Lippincott Williams and Wilkins,p 62.
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[6] **Spalteholz**, W. (1923) *Hand-Atlas of Human Anatomy.*, London: J.B.Lippencott, pp. 199-200.
[1] **Krauss**, Andrew (2010) "Integrating Qi-Gong/Tai Chi Practice with Piano Practice: Considerations and Benefits" in *Tension in Performance – the ISSTIP Journal*, Vol.1, No.1 pp 4-6.
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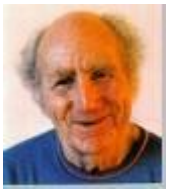
[9] ------United States. Children's Bureau. (1933) *Good Posture in the Little Child.* Washington, D. C.: U.S. Govt. Print Off.
10 **Rolf**, Ida ed. Rosemary Feitis (1990), *Rolfing and Physical Reality.* Rochester, VT: Healing Arts Press, p. 149.
11 **Medoff**, Lnn, M.A., M.P.T. (Dec. 1999) "The Importance of Movement Education in the Training of Young Violinists" in *Medical Problems of Performing Artists*.
12 Figure 3 is by **Tawno Rodman**, from the author's unpublished archives.
13 **Gray**, Henry (1862) *Anatomy, descriptive and surgical.* Philidelphia: Henry C Lea, p. 282.
14 Figures 5-6 are by Tawno Rodman, from the author's unpublished archives.
15 **Weir**, Captain Robert (1891) frontispiece. London: Longman's, Green and Co.

Steve Rodman (B. Mus, PGCE, DipABRSM) made his early music studies on oboe with Richard Dorsey (Toronto Symphony) and with Celia Nicklin (Academy of St. Martin-in-the-Fields). He is a music specialist in classroom music and has studied piano with Carola Grindea, which resulted in an interesting in piano pedagogy and postural issues in all instrumental fields. He is ISSTIP's webmaster:admin@isstip.org.

THE TRAGER® *APPROACH AND THE PERFORMING ARTIST*

By Martin Clout

The Trager Approach is a complementary therapy created by Milton Trager M.D. specifically for rehabilitating people with neuromuscular and psychophysical conditions. It has proved to be an invaluable resource for performing artists in that it can release tensions that inhibit performance at the highest level; correct imbalances in muscle tone; increase the resonance, range and harmonics in the voice; improve the quality of sound made by musicians playing acoustic instruments and help to engage artists in their full performance potential. In this article, Martin Clout describes his application and development of The *Trager* Approach in respect of his experience working with performing artists.



Dr. Milton Trager (1908-1997)

The *Trager* Approach is a complementary therapy created and developed by Milton Trager M.D.. He originally called his work Psychophysical Integration and developed his therapy specifically through working with people with neuromuscular and psychophysical conditions. When Milton started to teach his work in the mid 1970s he insisted he was just scratching the surface of what could be accomplished. As his students qualified and worked with members of the public a broader spectrum of its effectiveness became clear.

Towards the end of his life, Milton was persuaded to change the name of his therapy to The *Trager* Approach in honour of his lifetime achievement. *Trager* is described as an 'approach' because it is how it is done that makes this complementary therapy so effective. Practitioners develop their own style inspired by their experience working with their clients, their personal innovations, *Trager* electives and continuing education courses.

For performing artists, The *Trager* Approach represents a new and important resource. It expands your consciousness by developing your ability to feel pleasant sensations and, in doing so, releases holding patterns and restrictions that inhibit your freedom of movement. It has two principle benefits: it can be used in a therapeutic context and as an educational resource to develop and realise your performance potential.

In my *Trager* practice, a broad range of conditions have been referred to me for rehabilitation. These include: muscular tightness and restriction; discomfort when performing or holding a musical instrument; spinal displacements; referred pain, tingling or numbness

(when nerves are impinged through muscle tension); poor posture; repetitive strain injury; post traumatic stress disorder; lack of confidence; depression; tension headaches, musculoskeletal back pain and rehabilitation after accidents, illness, and injuries. Amongst my private clients I have given sessions to people with myalgic encephalomyelitis, chronic fatigue syndrome, motor neurone disease, multiple sclerosis, cerebral palsy and stoke. I also see people who are interested in personal development and those who would like to increase their mobility.[1]

All performance requires movement and all performers seek to move as efficiently and as comfortably as possible. The *Trager* Approach introduces new feeling experiences by creating an expanding repertoire of pleasurable, three-dimensional motion throughout the body. Once felt, this new proprioceptive awareness can be consciously recalled and used by the client.

Milton Trager inviting new feeling experiences and connections through a foot. ©Trager International.

A series of *Trager* sessions can release subconscious holding patterns that inhibit or prevent the acquisition of technique. This can increase the potential of performing artists often beyond their expectations and those of their teachers. In my *Trager* practice I have learnt how to engage and develop in my clients, chest, middle and head resonances and bring efficiency, depth and freedom of breath. For singers and actors, *Trager* can extend the upper and lower registers of the voice and help to bring a consistency of tone throughout its range. It can develop their quality of sound by introducing new harmonics through opening and widening many resonance spaces in the body. In this way sound is no longer constrained by tension but augmented by the body's increasing fluidity. This fundamental component of vocal development also plays an essential role in the amplification and quality of sound made by musicians playing acoustic instruments. *Trager* can help to develop technical brilliance and stage confidence through creating the experience of engaging the body in full performance potential. Ultimately, it can transform the body and mind to a place of open engagement where the performer is free to characterize their interpretation as they wish. It can bring playfulness into being.

There are three parts to The *Trager* Approach: Table work, Reflex Response techniques and *Mentastics®* Movement Exploration.

Table work

In the table work clients are passive and lie on a well padded *Trager* table either on their backs, their fronts or their sides. Clients may wear soft, loose clothing or undress to underwear. (The freer clients are to experience the table work unconstrained by clothing the better.) Whichever they prefer clients are covered with a warm sheet which can be discretely drawn back for working on specific areas of the body.

Trager sessions require a high level of awareness and communication on the part of the practitioner who is taught to work in a heightened state of consciousness which Milton Trager called 'Hook-up': "a dynamic, alive, vibrant, yet peaceful" state of mind.[2] This is combined with a high quality of touch that is soft and receptive to what the practitioner experiences in the client's body. To complement this, clients are encouraged to give feedback to ensure that what they are experiencing is tailored to their needs and to help them establish and recall new feeling experiences.

Practitioners always seek to work within the comfort level of the client, both physically and psychologically. To this end, where practitioners feel resistance in a client's body they adjust their contact to be softer or lighter, or move away altogether. In this way they never challenge the client's holding patterns directly (which might create resistance) rather, they seek to introduce new pleasurable feelings within the client's comfortable range of movement. This helps the client become more confident and this, in turn, allows muscular tightness and restriction to soften and recede.

While working on the client, practitioners are taught to think about the attributes they would like to introduce through their hands. This is done through asking questions: What could be softer than this? How much weight do I feel? What would happen if I just think about lengthening? How could this be…? What would nothingness feel like? Invariably, clients respond to these thoughts even though nothing is said or, seemingly, done.

Rocking a leg Photo: Harry Dalford, used with kind permission.

Feeling the quality and nature of the client's musculature the practitioner applies a variety of approaches to release restrictive holding patterns and expand the client's proprioceptive repertoire of movement and sensation. From the client's point of view they feel their body being moved in the absence of any conscious effort on their part. This creates sensations of ease of movement with length, breadth and depth to their body, which, once experienced, can be consciously recalled.

When we have a comparison it is human nature to progress towards the more pleasurable option.

One approach is to use very gentle rocking combined with a subtle lengthening of the muscle fibres and connective tissue. Just as a string, when placed in tension, will vibrate along its entire length, so when the slack in the muscles and connective tissue is drawn out and brought into tension, localized movement will pass deep into the body. It is not uncommon to witness a client's entire body gently moving from a minimal input. Because every body has length and mass we all have a harmonic resonance. At particular rhythms and dynamics the entire body will vibrate in sympathy so that every muscle and ligament is in gentle motion. When this happens it is not unusual for the client's attention to be focused on an entirely different area from the practitioner's point of contact. Different holds are used to gently engage each group of muscles in turn. When the rhythm is maintained it gives continuity and context to the variety of feeling experiences being created - this can be deeply relaxing. On the other hand if the rhythm is interrupted or a variety of rhythms are introduced it can bring vitality to an area. Gentle yet firm elongations are used to engage muscles that travel up and down, across, or spiral around the body. Muscles can be lengthened in a variety of ways: from their point of origin or insertion, by broadening, or through lifting away from the bone.

Another approach is to use shimmering (side to side movement) and pulsing (up and down) to create localized resonances which can bounce off internal structures and, like a sonar wave, create a three dimensional internal picture in the client's mind of various parts of their body. (I have personally felt and 'seen' in my mind's eye the anterior surface of my lumbar spine, my diaphragm, my abdominal cavity, individual vertebrae and much more.)

Exploring softness and freedom in a neck and shoulder Photo: Harry Dalford, used with kind permission.

When waves of gentle motion pass through holding patterns, part of the movement can be absorbed. This can stimulate the client's mind to process memories or residual issues from their past that are held in their subconscious by way of body memory. Because the client is passive they are free to witness not only the new feeling sensations in their body but also this process of integration. This may happen in a number of ways. Memories can appear and disappear in rapid succession rather like effervescing bubbles bursting. (It appears our minds benefit from being defragmented just like computers.) At other times, bright chakra colours may be seen. The client may find themselves thinking on a particular issue, or sinking into a deep place between being awake and asleep, yet acutely aware of sound and sensation. When integration is taking place it is not uncommon for the verbal centres of the brain to switch off. In such instances the practitioner may pause to allow the client to feel, witness and integrate what has happened. This process does not require the use of the client's intellect; it is enough for them to witness their body and mind processing the experience.

When the client is relaxed, their subconscious mind can, on occasion, recall holding patterns that are not normally part of their psychophysical makeup. This is expressed by a part of their body going into a particular posture and wanting to stay there. Often the client is unaware they are holding themselves in this way. In my experience these holding patterns relate to specific memories or issues that are seeking to come back into consciousness. I have witnessed and supported many people through this process and have come to greatly respect those memories chosen by the client's subconscious mind, no matter how inconsequential they may seem. Curiously, in my experience, the majority of memories that surface during a *Trager* session are happy memories such as being loved, cared for, grounded, feeling secure and belonging.

> 'I'm six years old sitting on a beach eating an ice cream.'
> 'I'm sitting next to my granddad and he's reading me a bedtime story.'
> 'I'm stirring the Christmas pudding.'

I have a theory about this. It is as if, in traumatic circumstances, the brain will devote all of its resources to survival and that, in this process, everyday happy memories may be abandoned from the conscious mind to the subconscious or body memory. When all that we value has been lost from consciousness, we loose the perspective that enables us to integrate and contrast negative experiences with those we value and esteem. When this happens we are stuck in depression. Over a series of sessions I have witnessed how returning memories have led clients to a deep, personal healing.

Occasionally, traumatic experiences may be recalled. In such circumstances *Trager* practitioners support the client as they go through their process, providing a safe space for them to integrate what has arisen. In my experience, on each and every occasion when this has happened, the client has made significant and positive progress.

Because *Trager* sessions are gentle and pleasant to receive, they promote the production of peptides (emotions) associated with feeling good. As such the processing of traumatic experiences within a *Trager* context is in the absence of the fears and anxieties that originally conditioned the client. Their body is free to release what it has been holding on to and the mind is

receptive and able to witness and integrate this process to completion.

Once body memory has been released back into consciousness the muscles that retained the 'zip' filed experiences can relax to much deeper levels as the body/mind's obligation to storing the memory subconsciously is discharged. For performing artists, this can have profound consequences as a more intrinsic freedom of movement becomes available to them; they become a better performer. (It's so much easier when you're not carrying a whole load of baggage.)

The very best performers I have worked with all had one thing in common; they had a liquid quality to their body. In the table work they had no resistance to movement; there was no tightness or constraint. Human beings are something like 70% water. Even our bones are 35% water. We are made up of trillions of cells, which, when they all relax, essentially become one large bag of liquid, supported by the frame of our skeleton and contained by our skin. Sound travels faster through water than it does through air. However, excessive muscle tension can restrict and contain sound. *Trager* sessions can introduce clients to this liquid state and I teach them how to engage and maximize its effects in performance. When this happens the sound they make becomes amplified and more resonant and its quality matures. For ensembles and orchestras this provides the exciting possibility of developing broader levels of resonance and tone, enhancing their performance and international reputation.

Reflex Response techniques

While relaxation is an important component to becoming whole, it is not the entire story. Sometimes muscles 'give up' their role in maintaining balanced muscle tone and become overstretched. When this happens other muscles have to compensate and the 'lightness of being' is lost. This can give rise to major postural changes, rigidly held areas, repetitive strain injury and other conditions; while in the most extreme examples it can lead to paralysis. In these circumstances Reflex Response techniques are used to gently increase and reinstate appropriate muscle tone so that any arising compensation can release and the body can function once again at its optimal level.

Reflex Response techniques are about regaining the balance between agonistic and antagonistic muscle pairs and groupings. Tension in a part of the body may indicate that one side of the pairing is unable to let go or switch off, while flaccid muscles may indicate that one side of the pairing is unable to engage or switch on. In the case of paralysis or extreme spasm (e.g. post-stroke) Reflex Response techniques can help to re-establish neuromuscular pathways and help return function that part of the body. For performing artists, I use Reflex Response techniques to show how they can consciously engage their core musculature to provide essential support in performance.

Mentastics Movement Exploration

As a young man, Milton Trager was fascinated by the nature of movement and expectation. One day his brother Sam said: "Let's see who can jump the highest." Without thinking Milton replied: "Let's see who can land the softest. What can be softer?"[3] Simply because the ground is hard, do we have to be hard in feeling the ground? What happens to our experience of the ground if we soften? If we play with and engage different expectations, what happens to our proprioceptive experience? As Milton Trager discovered, it expands:

> *To jump high takes force. One must build up a physical feeling and give it all one has to perform the movement. This is effort. To land softly means that one must ask, utilizing one's mind to direct the movement, questions such as, "What is softer … and what can be softer than that? What is lighter … and lighter … and lighter than that?" This process is the basis of Mentastics".*[4]

Mentastics focus on how our range and quality of movement changes with different thoughts, since what we think effects the way we engage our body. The purpose is to expand our appreciation of how free and comfortable our body can be. Milton explained it this way:

> *Every feeling experience you have ever had is stored in the unconscious mind and cannot be erased. Since there are no erase buttons in the unconscious mind, all of its information regarding feelings, perceptions, memories and understandings is at our disposal to be tapped and utilized like the data stored in a computer. It is our most powerful resource. This also means that one does not have to "get rid of" anything in order to develop into a more fully realized person. One can simply add more positive experiences to one's life.*[5]

Mentastics explore how we use our body: standing, sitting, walking, lying, performing and how these activities, and others, can function and feel. Specific areas may be focused on, such as the head-neck relationship, the shoulders, the pelvis, the spine, the feet and the hands, to help expand our range of movement, our appreciation of how our body works and how pleasurable it can feel. To this end, metaphors are used to release the habitual way we use ourselves and give different criteria and expectations from which we can be inspired. All the time this is in a questioning context, exploring notions such as: What is freer? What is heavier? What is lighter? What is half as much effort? In this way we invite the body to respond, adjust and bring answers; which it will do, and surprisingly quickly.

Eventually the principles of *Mentastics* spill into everyday life and relationships: the ease and quality of engagement you bring to your rehearsal or performance,

how you carry your instrument, how it feels to sit in your car, how you respond to others. *Mentastics* provide a key to help you make qualitative changes to your life.

Mentastics Movement Exploration is taught through simple, playful direction and the use of open ended questions. As such, it can be taught in groups. Groups benefit from hearing the diversity of responses that are possible through sharing each other's experience, which can then inspire further exploration.

In conclusion, The *Trager* Approach develops our range and freedom of movement, releases holding patterns and associated body memory, tunes overall muscle tone and explores the enjoyment of movement and being. In this, a positive working relationship is developed between the body and mind. The body is free to perform and the mind is free to be engaged in the moment, with conviction, in performance.

How does the *Trager* Approach work?

In the last 40 years there has been a quiet paradigm shift in the understanding of how human beings function. It used to be thought that emotions were only made in the brain and hence the molecules that made up our emotions were called neuropeptides. Then, about 40 years ago, new techniques led to the discovery that 'neuro'peptides were also made in the abdomen, bones, immune system and other areas of the body.[6] In other words, emotions are a vehicle by which the body inter-communicates. We really do have 'gut' feelings and feel things in our bones. It follows that the emotions we experience may be created (at least in part) in areas of our body: whether stimulated through an acute trauma (as in an accident) or a chronic condition (as in localised persistent tension). Because *Trager* sessions promote the production of pleasant feeling experiences (and presumably the peptides associated with them) they recreate the contrast and emotional perspective that invites even locally held trauma to integrate and release. For performing artists this can have important consequences; spending many hours a day playing an instrument, singing, dancing or acting can adversely condition or limit the range of movement they employ. Performers who use their bodies asymmetrically are especially subject to acquiring holding patterns that can limit and restrict their freedom of movement and the quality of sound they make. The *Trager* Approach gently rehearses to remembrance what unconditioned, soft, fluid movement feels like.

The importance of love on the development of the human brain in infancy has been well documented.[7] When a mother smiles at her baby, the baby is flooded with endorphins and opiates which in turn help the baby learn at its optimal level. By creating a safe and comfortable place where clients may experience the full movement repertoire of their body, free from habitual use and misuse, where subconscious holding patterns and associated memories may be released and integrated, The *Trager* Approach recreates the optimal

conditions for nurturing, integrating and maintaining the adult body and mind.

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[1] There are a few contraindications to receiving *Trager* sessions. These include fresh injuries such as torn muscles, ligaments, tendons, fractures and recent operations. Injuries need to heal before *Trager* sessions may be given: a minimum of 6 weeks in the case of minor injuries and at least 3 months after major injuries, operations and broken bones. In pregnancy, table work is contraindicated in the first trimester, as are certain movements in the second and third.

> "*Relative contraindications include metastatic cancer and nerve impingements such as ruptured discs, with the exception of the patient being cleared by their physician and working with an experienced practitioner. Care must be taken when a client is on anticoagulation medication but in the absence of severe carotid artery disease, even neck movements are not necessarily contraindicated.*"

Hock, Mark, MD; 'Health Professionals Guide to *Trager* Psychophysical Integration', p.7.1.1 in *The Trager Handbook* (2004), *Trager* International.

[2] **Trager,** M. & Hammond, C. (1995) *Movement as a Way to Agelessness: A Guide to Trager Mentastics*. New York: Station Hill Press, p.59.

[3] **Liskin**, J. (1996) *Moving Medicine: The Life and Work of Milton Trager, M.D,* New York: Station Hill Press, p.22.

[4] **Trager**, M. & Hammond, *op. cit.*, p.29.

[5] **Trager** & Hammond, *op. cit.,* pp.36-37.

[6] **Pert**, C. B. (1999) *Molecules of Emotion: Why You Feel The Way You Feel*. London: Pocket Books, Simon & Schuster.

[7] **Gerhardt**, S. (2004) *Why love matters: how affection shapes a baby's brain.* Hove: Brunner-Routledge.

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PSYCHOLOGY AND THE PROFESSIONAL SINGER (Part 2): *Performance anxiety, stress management and improving performance*

By Dr Marcia Willis

This is the second article of a two-part series giving a broad overview of psychological factors relevant to professional singers and the practitioners who work with them. The first part outlined important background social and cultural factors and referred to studies looking at personality of singers and their motivation. This article focuses on performance anxiety, stress management and improving performance. The series is aimed at readers who have little or no experience at working with this client group.

Introduction

For a professional singer, activities related to singing and performing will their dominant concern and take up much of their time. Performing may be their main or only source of income. Worries about availability of work, or about changes in the voice due to physical or psychological illness, misuse, overuse or ageing can all cause considerable distress and the resultant anxiety may itself negatively affect the voice (Wilson 2002). A large proportion of a professional singer's life will have been spent learning the craft through working with singing teachers and vocal coaches plus the practical experience of performing and touring. This is aside from the thousands of hours taken up with learning the music and songs, alone or with other singers and instrumentalists. Formal training at university or music college including sound knowledge of music theory and some instrumental skills is a prerequisite for professional Western classical singers but increasingly common in performers of popular music styles. Such dedication and sacrifice of time and other options in life can lead to a performer feeling devastates by anything which temporarily halts or permanently threatens the voice or the career.

It should be recalled that not all musical traditions require knowledge of musical notation or the rules of Western harmony. Indeed, although Western classical music is much appreciated and played across the globe other types of vocal and instrumental music have different harmonic conventions and not all are written. In such situations even when there may be no "academy" but perhaps instead a long period of listening, practising and an extended apprenticeship, a professional singer will still have acquired over a period of years a systematic and deep knowledge of their craft and a high degree of proficiency.

Professional singers can be described as "vocal athletes", a term which acknowledges the physical as well as musical and theoretical aspects of performance. The expectations they have of themselves, plus the demands placed on them by their employers and their audiences to constantly perform at their best may encourage excellence but they also contribute to injury and burnout (Benninger & Murray 2006).

Performance Anxieties & Stress Management

Singers are subject to the same worries about performing as instrumentalists but with some important differences. Singers are much more affected by tensions in the neck, face and tongue which will distort the voice. Common physical conditions such as gastro-oesophageal reflux are made worse by stress and can affect the voice in multiple ways in addition to causing a variety of other symptoms. An instrumentalist with acute laryngitis may still be able to play but a singer with acute laryngitis may risk significant vocal damage if they continue to perform a heavy schedule without allowing themselves sufficient time to rest and recover. This can be a major challenge given the potential negative consequences of failing to fulfil the requirements of their contract (Benninger & Murray 2006, Garfield Davies & Jahn 2004).

Regarding performance anxiety, the well-trained and well rehearsed singer blessed with a benign temperament and stable personality may be less severely affected by anxieties about performance than one with poor technique who has not rehearsed sufficiently and who is by nature inclined to worry. However some stressors that affect performance such as things related to the venue are not within the singers' control. It is reasonable to conclude that all professional singers would benefit from knowing ways to manage performance anxiety and stress. In general the aims are to help the singer to modify either the stressor or their appraisal of and behavioural response to the stressor.

The immediate physical symptoms of performance anxiety will be similar for all singers and due to the effects of adrenaline released in the minutes leading up to a performance plus associated hyperventilation. These can include a rapid heartbeat, chest pain or tightness, a feeling of "butterflies" in the abdomen, sweaty palms, weakness in the legs and a dry mouth. Education about the underlying physiological processes together with the use of specific relaxation techniques can give considerable relief although occasionally for some the symptoms are so severe that medication may be used. Thinking of the symptoms as signs of excitement and the body preparing for a major physical exertion can be beneficial while in performance focusing on the music rather than on the physical symptoms is helpful (Evans 2003, Garfield Davies & Jahn 2004, Wilson 2002).

For some singers the beliefs and cognitions that may become prominent during and leading up to a performance can undermine their confidence, increase fearfulness and result in avoidance of performing or giving performances well below their abilities. In such cases a careful assessment considering the possibility of learned fear responses, perfectionism, social phobia or chronic stage fright resulting in depression is essential. Such difficulties would be appropriately addressed by a

course of cognitive behaviour therapy (CBT). This includes helping the singer learn to separate their self worth from their performance, encouraging them to test the validity of their negative beliefs and attributions, and encouraging them to accept that a less than perfect performance can still be good enough (Evans 2003). Key aspects of CBT are education and active learning. All these help the client to gain perspective on their situation, to develop a healthier locus of control and the confidence that they have the resources needed to help them face their difficulties. Deeper issues linked to fear of creativity may need longer psychological work such as that described by Miller (Miller 2008).

Shifting mental focus to include life beyond music can be important in addressing and preventing depression and burnout. Maintaining a healthy diet, with an adequate balance of physical exercise and rest will contribute to maintaining good vocal performance as well as to preventing and treating a variety of health problems. Keeping and developing relationships with family and friends is vital for psychological health, as is taking holidays when needed (Evans 2003). Making regular time for those things that foster a sense of connection to life and which develop a sense of meaning and wider purpose is also constructive. For some professional singers, music and singing may themselves be intimately connected to spirituality (Saliers & Saliers 2005).

In the case of burnout it may be wise for a singer to consider choosing less stressful performing contexts, for example doing recitals instead of opera, or varying their work so as to include more non-performing activities like teaching, composing or song writing.

Improving Performance of Professional Singers

When working with a singer it is important to know what is expected from a good performance within that tradition and what would be a good performance for that particular singer. To appreciate the latter one will have to obtain the history of the singer's training and performing experience. Doing this may also provide a sense of the singer's level of motivation, personality or psychological difficulties. It is vital, especially when working with professional singers to remember that they are in the end responsible for their own professional (and personal) development and that the practitioner or therapist plays a role in supporting them to do this. Bearing this in mind one can try from the outset to establish a specific remit and the limits of one's work with the singer. It is also useful to clarify at that stage what the singer's current stressors are and whether they are seeking assistance related to an imminent performance. It may be appropriate to see the singer perform, in a studio or on stage, to get an objective understanding of their reported difficulties.

Improvement in vocal performance and prevention of vocal health problems can be assisted by developing the singer's existing voice and using it appropriately. This includes singing within a comfortable pitch range or tessitura, and not forcing the voice to sing too high or low below this. Minimising excess tension in the throat, and finding ways of releasing it is also helpful as is a theoretical and physical understanding of appropriate breath control. Learning the basic anatomy and physiology of the vocal apparatus helps their understanding of breathing and the role of posture. Singing teachers and vocal coaches have a particular responsibility towards young students and aspiring professionals to help them gain a solid grounding in these and other technical issues so they will be able to remain healthy and continue singing for as long as they wish (Sell 2005). Time limited practice sessions with regular breaks, and keeping the voice well lubricated are useful. If reminding a singer of the importance of basic health needs including sufficient sleep, rest and a nutritious diet without excessive alcohol, accept that this may not always be possible or may not be a priority for the singer at that point. Singers working in genres where there is a significant focus on appearance may be more susceptible to problematic thoughts and behaviours related to food and eating.

Ideally a singer is able to learn from a variety of life experiences including working with teachers, coaches and other practitioners and gains enough understanding of their own personality, habitual behaviour patterns, motivations, strengths and unhelpful cognitions to recognise what he or she needs to work on in order to improve his or her performance. Particular lifestyle changes including learning practices such as Yoga, Alexander Technique and Feldenkrais require training repeated practice over years but can be helpful for some singers especially with posture, breathing and relaxation (Evans 2003, Williamon 2004).

There are several practical and psychological strategies for improving performance and refers to the importance of self-management, awareness and trust in performing at the peak of one's abilities (see Evans 2003 for details). In a chapter on strategies for memorizing music, Jane Ginsborg includes specific suggestions for singers. In addition to emphasising that singers can make use of the techniques available to all musicians, including analysis, chunking and using kinaesthetic, visual, aural and conceptual memory, she highlights research demonstrating the effectiveness of learning the words and music together. This seems to be helpful for singers across a wide range of technical skills (Williamon 2004).

Other psychological techniques useful for learning to perform particular songs are active use of the imagination to bring the imagery of lyrics to life and the use of concepts or myths about "resonators" and the "placement" of the breath. Although these do not correspond to current knowledge of anatomy and physiology, they can still be of practical use. Visualisation is useful in memorizing music and performance preparation. Rehearsal of the performance in the mind can be as essential as the physical and psychological rehearsal of the music and of relaxation strategies. An appreciation of the meaning of the lyrics and of the

shape of the narrative is likely to assist the learning process and the act of singing in performance. Some ability act and to successfully convey the drama of the song is essential in performance.

John Sloboda draws attention to the limits of formal music education in developing expertise in musical performance and what he says has relevance for singers, particularly in relation to many of the issues discussed in this essay (Sloboda 2006). He suggests that musical expression is not taught or acquired in the same ways as the technical elements. It results in deliberate, contextually appropriate and systematic deviations from exact replication of written music, appreciable by listeners and which are considered to enhance the performance. The development of musical expressiveness may occur via play, imitation, exploration and the fostering of an individual style unique to the singer concerned. Performances by singers taught in traditions without academic music education also demonstrate that such training is not always essential to convey this.

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STRESS FOR MUSICIANS: WHERE IS IT??????

By Dr Laxmi Patel

This is an essay based on study of my work done by different professionals, more so of David Sternbach (certified social worker and psychotherapist with special interest in music medicine.), studying effects of stress on performing artists, especially musicians. I have tried to look at various possible sources of stress which could be environmental, psychological or intrinsic to the personality of a musician. Some of these factors are common to other professions where the artist performs live and some of them are more specific to musicians. It could be quite incapacitating for the artist and could have detrimental effect on their career. I think that if there is more awareness about these stresses, then probably they could be recognised at an early stage and appropriate help could be sorted for it.

Music is a serene tranquil expression, which makes a person forg*et all* his stress. But the people who create this expression are often the ones who experience the stress during its production and in their careers generally.

In a survey done in 1985 of major orchestras, 76% of the respondents reported experiencing enough pain to seriously affect their performance. [1] In a study done by Tucker *et al* in 1971, it was concluded that professional musicians die 20-22% sooner than their counterparts in the general population. Coronary heart disease accounted for about 5% more deaths in musicians that general population ii. Their ambition, talent and their hopes and expectations sustain successful careers of performing musicians for rich and fulfilling creative lives. [2]

Sources of Stress for Musicians

Every person who is working has to cope with stresses of daily life and work life. Managing work – life balance – is something that is stressful in itself. Along with this stress, there are unique factors that are inherent to this profession.

(1) Musicians have to perform before public facing all the terrors associated with the stage fright.
(2) They have to constantly work under the scrutiny of the conductors – in the rehearsals and during public performances.
(3) There is expectation to deliver perfect piece of work all the time, which puts them under immense pressure.

Some of the other stresses are specific to the group of performers. For example, Jazz musicians who have to perform 4-6 hrs each night under constant pressure to be creative all the time. Club date musicians have to play amongst the constant insecurity of not knowing with whom they will be playing or even what they will be playing. Older players notice the changing playing styles

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and are under the constant pressure to familiarise themselves with it and produce new piece of work according to it. Studio recording musicians are expected to get it right first time as studio time costs money.

One of the ways to classify the stresses in a musician's life would be to categorize them in: **Environmental**, **Psychological**, and **Intrinsic** groupings. These categories could be applied to all of us in our day-to-day working lives but can be extended to music as a profession, as it can be highly competitive and insecure.

Environmental Factor

This category includes all workplace issues, which can negatively influence a musician's productivity and well-being.

(A) Workplace Issues

- Erratic working hours, which vary from day to day and week to week can be demanding. Rehearsals can be at any time. Tours schedules could be gruelling and disruptive especially to those who attempt to maintain a family life.
- Frequent changes and poor conditions in a musicians work setting also provide a source of stress. Freelance musicians are especially vulnerable to this.
- Constant change in leadership is something that musicians have to adjust quite often. Symphony musicians have new conductors every week and opera house musicians have new conductors every evening. Each conductor has his own style, personality and makes different demands on the musicians.
- Financial insecurity is probably a fact of life for musicians.

(B) Physical Risks

- Performing is a hard physical work specifically for some like brass players. In a study done by s. Davis (1985) using telemetering electrocardiograms of musicians in performance, many brass players were found to have arrhythmias and tachycardias. As well, conductors were found to maintain an average increase in heart rate of 89% during the performances. [3, 4]
- Inadequate rehearsal breaks predispose to overuse and repetitive motion injuries.
- Marked increases in musculoskeletal injuries including carpal tunnel syndrome and focal dystonia have been noticed in musicians.
- Concert halls may be overheated, chilly or drafty, thus affecting the muscle physiology and destabilising the tuning of instruments,
- Poor ergonomic settings may include poor sitting arrangements, poor lighting or difficult onstage or backstage conditions and could affect the performance of the musician.
- Prolonged exposure to the high pitched voice of musical instruments in rehearsals and in live performance could lead to hearing loss and tinnitus over time.

(C) Poor Labour-Management Relations

- Because of the inherent nature of the work of the musicians, they are faced with very high turnover of the management personnel in their working lives. These could include abusive management styles, arbitrary audition procedures, hiring attitudes that exclude minorities and women, etc. Along side these, music as an industry has to face the recent recession, online piracy of the works of musicians, and so on. [5, 6]

Psychological Pressures

These pressures involve maintenance of self-ego in response to non-physical stress factors. Depending on the source of stress, these factors could be intrapersonal (internal) or interpersonal (external). These factors seem to be inherent to the profession.

(A) Intrapersonal Factors

- These factors mainly arise from musicians' ability to cope with the anxiety of performance and with self-criticism.
- Anticipatory anxiety is the dread of future calamity or failure, which can make life worse even before the actual event happening. If it is optimum, it can markedly improve the preparation and performance in the final act.
- Onstage anxiety varies from mild anxiety to full blown panic attack with full range of physical symptoms including palpitation, dizziness, transient limb paralysis, uncontrollable shaking in hands and legs, sudden memory loss, arrhythmias and even cardiac arrest. If optimum again can help improve performance.
- Post-performance anxiety or mental scrutiny of one's own performance could take the form of remorse over real or imagined errors. It could be a fair

evaluation of one's performance or could be a critical processing of performance leading to evolution of symptoms of post-traumatic stress especially if the performance was a crucial one like audition or competition.

- Performance anxiety is not confined to actual concerts. Musicians must also endure over-supervision, which in itself is a known stressor. [4, 7] Also, public performances don't allow second chances, which increase the anxiety of the musicians. Recordings have conditioned public to expect note perfect performances which all set unreasonable and critical standards for musicians.

(B) Interpersonal Factors

- Interpersonal factors include orchestra players' frustration over lack of artistic control, authority of conductors about interpretation, tempo and style. The entire issue of managerial style has more impact on musicians because of their emotional attachment with their work. Unless players choose to play in a disinterested and dissociative manner this might play a major role in conflict.
- Musicians who remain in the profession develop mature coping styles with these stresses along with the technical skills of the trade. But some succumb to maladaptive strategies like alcoholism and the abuse of drugs.

Intrinsic Factors

Some aspects inherent to music as a profession are an added source of stress to musicians.

(A) Life Cycle Conflicts

All of us undergo emotional development cycle described by Erik Erikson as "life cycle". Musicians have to undergo an additional cycle of their artistic growth parallel to this one. There could be potential conflict between these two at various stages. [8]

- For example, in adolescence, a young person might want to spend time with friends, might want to do things which could develop their personality but a musician will have to dedicate significant amount of time for their daily practice leaving them with little time for the former.
- Musicians reach top of their careers in late twenties and thirties, which collide with the urge to start a family especially for females who are aware of their ticking biological clocks.
- It is most evident when a musician ages. As an artist becomes mature and grows, his physical capacities diminish. Older musicians perceive strength and vigour of their youth slipping away, which is difficult to deal with, like the last stage of Eriksson's development where we deal with loss in life. Along with the loss of our physical strength and vitality, as well as possibly family and friends, musicians have to deal with end of performing career with which they are emotionally connected.

(B) Living with Imperfections

Musicians by nature are perfectionists but they have to come terms with the limitations of their chosen instrument and in some case their personal limitations. The maturity to acknowledge and accept the gap between artistic vision and the realization of that vision in practice takes time to develop and sustain.

(C) Inspiration and Isolation

Musicians require fresh inspiration to revitalize their work constantly. Staleness becomes evident quite quickly in their profession and can cost them their careers. This can put immense pressure on them. Also because of their lifestyle and working hours, musicians must live with loneliness, which can be isolating.

Management

Historically, musicians have often disguised their injuries and played in pain, whether physical or emotional. The reason for this remains a mystery. However, one of the speculations could be fear of consequence of this information reaching the conductor or the management especially amongst the difficult financial times. The other issue could be our attitude towards mental well-being which prevents the musicians acknowledging the stage fright and other stress they undergo.

The first step towards getting appropriate help is to acknowledge the difficulties faced by a musician himself. According to Yalom, there are many curative factors that can help individuals in a group. [9] Finding consensus and validation of their feelings among other members of the group can help neutralize the negative, self-accusing and self-isolating feelings. [7, 10, 11]

Some of the bands or music groups have their own physician or a doctor who would be in a position to do a detailed assessment and refer on to the specialist according to the needs of the musician. Where this facility is not available, musicians can approach their GPs for the same. Depending on the nature of the problem, musician might benefit from a referral to a physician (for example, tinnitus/hearing problems) or orthopaedic

doctor or a physiotherapist (for example, Carpal tunnel syndrome) or a psychiatrist or psychologist (for example, anxiety, stage fright etc).

In addition to above, there are many psychological approaches to help these feelings like relaxation techniques, stress reduction techniques, cognitive restructuring, systematic desensitisation and imagery rehearsal. [7, 10, 12] Many of these need input from a specialist psychologist or a psychotherapist. As with a professional sports player, these difficulties benefit from a structured rehabilitation programme, which might need input from different professionals working together.

Acknowledgement
The above article is based on the work of different professionals, mainly David Sternbach, certified social worker and psychotherapist with special interest in music medicine.

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Dr Patel completed her MBBS from MS University, India in 2002 and pursued her interest in Pathology to obtain a MD degree in it. Having worked in various A&E settings across England, she was exposed to extent of damage stress could have on functioning ability of both professionals and common public. This sparked her interest in Psychiatry and Psychotherapy. She is currently training to become a Psychiatrist with St. Mary's Training Scheme in London Deanery. Her Special interests include attachment difficulties and problems it could lead in later life and effect of stress in various professionals, both in her chosen field of practice and outside it.

PIANISTS BEHAVING BADLY

By Peter Feuchtwanger

The internationally renowned piano teacher Peter Feuchtwanger wrote this article in the *Piano Journal* in November 1998. We reprint it with the kind permission of the author and the editor. The messages are still strong: the correct posture, the proper fingerings, the demand for note accuracy, the beautiful forte and the art of listening.

I have encountered scores of pianists with any number of disturbing physical complaints, namely tendonitis, ganglions and focal dystonia, in each case attributed directly to the individual's grave misuse of the body through ignorance of its correct function. I should like to quote from Harold Taylor's exemplary and far-sighted exploration of this subject, *The Pianist's Talent* (Kahn & Averill, London, 1979, 2002): 'the human body is an indivisible entity, in which the behaviour of any single part is dependent on the relationship existing between all the parts. Posture is therefore a totality which must take into account both the position and condition of its components, because the condition of one part modifies the position of its adjacent parts, and vice versa, throughout the whole structure'. If pianists and piano teachers paid more attention to the above considerations, many of those disabling conditions could either be rectified or prevented.

During years of teaching, concert going and competition adjudicating, I have frequently been shocked and dismayed at the surfeit of bad physical habits exhibited by so many pianists, professionals and students alike, starting with the young aspirant. For example, incorrect posture acquired from sitting too high at the keyboard, the unnecessary tensing and lifting of the shoulders, stiffening of the neck, elbows, wrists and thumb and so on, all result in a vicious circle of ailments.

Commencing with his very first piano lesson, the child ought singularly and properly to be made aware of the correct use of his/her body. For this purpose the teacher need not interfere with the child's natural body language, nor for that matter should the child be urged to 'play on the piano'. Rather he/she should be seen to play the notes as part of a perfectly natural movement, as if his/her unformed, immature hands are simply taking hold of an object, any object, by the most natural means known to him. This results in a quite different, yet wholly natural approach, at odds with conventional fingerings.

The subject of fingerings is a complex one which cannot be gone into and written about without some form of demonstration. Hopefully the child is fortunate enough to come under the correct tutelage and supervision from the beginning, but as so often occurs, this is often spoiled by the wrong influence during the developing teen years.

We must reconcile ourselves to the fact that we live in an age in which exaggerated accuracy is demanded, especially in competitions, where the pianist is often

seen tensing himself from sheer fear of not living up to the standards dictated by the recording studios. Invited to a piano competition in Bologna in the 1960s by Arturo Benedetti Michelangeli, the epitome of exactitude and accuracy, I found to my surprise an unsightly ganglion protruding on his right hand. I believe this to be a direct consequence of unnecessary tension resulting from a lifetime's obsession with the note perfect playing.

It is true that exaggerated freedom of movement can cause stray wrong notes as is prevalent among several eminent pianists of older vintage, such as Alfred Cortot and Youra Guller. Concerning these two great artists, however, other undermining factors were also at work. Even so, a smattering of wrong notes issuing forth from such 'luminaries' did not distract from their unique playing and might well be preferred to correct notes in lesser hands. Freedom of movement need not necessarily result in less accurate playing; however, a wrong note here and there should be accepted as part of a hazardous occupation.

At a recent competition, questioned on a candidate's performance, a renowned colleague of mine replied: 'without a wrong note, ready for recording studio!' Meant as the highest compliment, to me, this rather oblique statement revealed almost nothing about the competitor's playing.

Yet another reason for physical neurological problems is the obsession to today's pianists with loud playing, while they themselves remain physically unable to produce a beautiful *forte*; the latter alas is the prerogative of but a chosen few. This disturbing inability to produce the desired beautiful sound derives also from pianists having forgotten the art of listening to themselves, a factor not helped by our noisy age which makes us less sensitive to sound.

At a performance I attended of the Bach *Goldberg* variations performed on clavichord, my colleagues and I scarcely heard the first minutes of playing. It took us a little time to adjust ourselves and hear the notes with utmost clarity. Such an experience is an indication that, together with a sharper physical awareness, we are in dire need of relearning the subtle art of listening.

To sum up: let us re-programme the 'computer' in our brain and relearn from scratch those simplest and most functional movements so essential to our physical and mental *well-being*. Who can say? This may even herald a return to a renewed sense of aesthetics in music.

Peter Feuchtwanger, born in Munich, now lives in London and teaches in many countries. He studied piano, composition and Indian and Arabic music and philosophy. He gave up an early successful career as a pianist in order to devote himself to composing and teaching. Peter Feuchtwanger adjudicates at many international piano competitions and is a part-time professor at Musikhochschulen in Karlsruhe and Basel, and a visiting professor at the Yehudi Menuhin School in England. He has achieved international recognition for his master classes held throughout the world since 1967. His book and DVD are available from his website www.peter-feuchtwanger.de.

PERSONAL REFLECTIONS

The Effect of Past Negative Experience & Emotion on Voice & Performance

By Lorraine Norton

It is unusual to find a completely physiological voice loss; usually it's a complicated combination of the physical and the psychological…' (Sara Harris quoted in Cohen, 1993).

The psychotherapist Jacob Lieberman, one of Sara Cohen's colleagues, relates the case of a man in his twenties. At work he had an adult voice but in stressful situations his voice was high-pitched and child-like (Cohen, op. cit.). Mr. Lieberman notes the significance of unresolved difficulties in the client's childhood, stating:

The larynx is inextricably linked to the psychological state of the person….We all use phrases such as 'a stiff upper lip' or 'a lump in the throat' to describe physical manifestations of emotional states - thus, by dealing merely with the symptoms of voice loss without investigating its emotional cause is less likely to prove beneficial in the long run. (Simkins, 2002).

Personal Journey

In the Autumn of 2003, after a spell of ill-health lasting about two years, I thought how life can suddenly change. One moment you are fine and the next… well, we never really know for certain. I thought how sad it would be to want to do something for most of your life and never achieve it. So, I impulsively found the number of a drama school and telephoned to ask if they offered singing lessons. I was delighted to hear a one-term course was starting that coming January, so I booked without hesitation. It wasn't until a few moments later that the thoughts started. 'What were you thinking of?'….. 'It's a class not individual lessons. You'll have to sing in front of people' ….. 'What will happen if…..'

Childhood Trauma

Even though I came from a family who sang and who valued singing, my earliest memories of painful incidents around music and vocal expression were from around the age of about five. Although the difficulties continued as I grew older, I found ways to hide and avoid them. I recall sitting in class at the age of around six or seven when my teacher, a music enthusiast, played us an excerpt from 'Carmen'. For a reason that I did not understand I felt suddenly moved by the song, but I knew I would cry so I stopped it before it happened. This is the point when I began using various coping strategies: 1) Employing a wide-eyed stare was an effective technique. If I did this before too many tears accumulated the lack of blinking gradually dried out my

eyes. 2) Another method was pressing my tongue firmly against the roof of my mouth, until I felt the muscles around my chin and jaw tighten. 3) Taking a big breath deep into the lower lungs, holding the breath and the ribcage, also helps stop the emotion. I think it does this by not allowing the lungs and airways to be so relaxed as to easily facilitate the natural crying process. 4) Finally, distracting oneself, by pushing the thumb nail into the forefinger as hard as possible, or looking about the room and contemplating a certain object, all help lessen the original thought that caused the onset of tears; although there was almost always the feeling of tightness around my jaw and a huge lump stuck in my throat. These techniques were perfectly adequate when in a class full of children or standing in a crowded assembly hall. However, they weren't so good when required to stand in front of an audience to recite prose or, heaven forbid, sing. Usually I could escape such situations by making myself as inconspicuous as possible, letting others compete for the privilege; but on a few occasions this tactic failed miserably.

At a Christmas party attended by practically every relative of my father's huge family, I was pounced upon by a number of well meaning aunts. They hustled me to a small stage set up at one end of the room and instructed me to sing: "Away In a Manger". As though this wasn't bad enough the sea of faces jostled in front of me shouting advice about how I should stand, sing, look, smile, etc. I felt like "Daniel in the Lions Den". After a few lines, the story of the song got to me and tears began to stream down my face. I ran off. The sea of aunts followed me asking what was wrong, telling me it was best to get back up there and try it again and comparing me with my other cousins: "Look, Julia is doing it. Why can't you?" She called to my mother: "She is too soft. She'll never get anywhere in life. You can't be too sensitive in this life. People will walk all over you"…. and other advice that merely highlighted and intensified the humiliation. If I had studied self-fulfilling prophecy and labelling theory at that time I could have told them a thing or two, but that is not taught in infant school, so I went through my infant, junior, and secondary school years using techniques that stopped the tears – and even into adulthood.

Childhood Fantasy into Adult Reality

My active imagination became my best defence. My earliest and most frequent childhood game involved standing in the shaft of light that shone through the half-moon window above the front door. It stretched the length of the hall settling at a point before the two steps down into the long corridor that led to the kitchen. This was my spotlight. This was my stage. This is where I sang, danced, and performed to an imaginary audience. I loved the colour, the feeling and the passion associated with music and drama.

I did not realise just how adept I had become at masking my real reactions until my mid-teens when an argument with a close cousin left me in floods of tears. Later she and her brother told me they were surprised. They had never seen me cry and had always thought I was quite hard-bitten. Shocked, I never realised that is how I came across and I certainly knew it was nothing like me. My inner aspirations and the external reality were at opposite ends of the spectrum.

A few years later, having had little real involvement in music, drama or singing I managed to gain a place on a two-year pre-foundation drama course. Many previous students had gone on to places such as RADA and the E15 Acting School. Sadly this only lasted two and a half terms. When performing my voice became tight, tense, high, and a little shaky. I experienced performance nerves to the point where I felt so physically unwell that by the end of the second term I was exhausted. People began to comment how pale and unwell I looked. I left the course and after recuperating I took a film studies course and worked in the film industry as a props stylist.

Crisis and Performance Nerves

I was disappointed with myself. I did not know what was wrong. I just thought I had some kind of personality defect. I thought perhaps I was a neurotic with inadequate vocal cords and an inadequate lung capacity. My drama tutors would tell me to speak up and speak out but the more I tried the tenser I became and the more my throat hurt, the more disappointed I felt and the more emotional I felt, the more I tensed to stop the emotion. It was a vicious cycle.

In my mid-twenties I had a second attempt at trying to conquer my performance nerves. I took up an offer of singing lessons with Ivor Evans, a former bass-baritone with the D'Oyly Carte Opera Company. He was head tutor with the London College of Music and taught John Treleaven

He assessed my voice and told me that I had a tone and range more suited to opera and referred me to another tutor for some preliminary lessons. Once again, I was overcome with emotion at some of the music and libretto. The tutor, who looked perplexed, said: "This has happened to me before. I didn't know what to do…. Well take your time and start when you're ready". I wondered how I could ever get 'ready.'

A Fork in the Road

Again I abandoned performance until a few years later, after having suffered the lack of support of my partner and the subsequent dissolution of my marriage. Through a long series of events I met Dr Ian James (co-founder of ISSTIP and founder of the British Association of Performing Arts Medicine). We got into a discussion about tension in performance and I explained how I wanted to see if I could conquer my nerves, for I was not fully aware of the origins of my difficulty. Through knowing Dr James I came to meet Carola Grindea and know of her work in ISSTIP.

Continuing my studies, I took a psychology degree and also studied at the British Society for Experimental and Clinical Hypnosis at University College London where I used some of the techniques for my fear of performance situations. I also studied Autogenic Therapy (AT), which is affirmed to bring about a deep relaxation of the mind and body almost instantly.

I began to realise just how much the lack of support and negative criticism about my voice affected me. Since this area was the most difficult aspect of my life, and the most emotive for me, I decided to explore it for the 'personal growth' module of subsequent studies in counselling and psychotherapy. I kept a journal of voice and singing activities and of strategies employed to overcome my difficulties.

Conquering the Past and Moving On

During my studies the Cognitive Behavioural and Psychodynamic sessions helped inform me as to why I experienced difficulties. We were also taught how to practise 'Mindfulness'. Throughout this time I continued having singing lessons. I noticed how the dread of speaking or singing to a room full of people was less of a concern. I think the greater awareness of past issues helped me come to terms with them.

After some presentations, colleagues commented how fortunate I was not to get nervous. Knowing that I did not appear particularly nervous gave me greater confidence. I also took an Emotional Freedom Technique Practitioner's course at the Kailash centre of Oriental Medicine and followed this with a course in Reiki healing. I found the deep relaxation and meditative practices involved in EFT, Reiki, and Mindfulness very grounding.

It was not that I suddenly felt completely confident or even that I knew I would be able to get up and sing freely. Indeed, sometimes I tried to sing in front of an audience and still my throat felt tight; yet the debilitating physical sensations and the mental anguish were no longer there.

Reflections and Realisations

I was once asked if matters would not have improved anyway with age and maturity. I do not think this is so. I know people of a similar age who had similar experiences. They chose not to address their difficulties. They avoid situations where they have to address an audience. They say they could never do it.

During my studies and for my own development I tried a variety of practical techniques and researched related topics. These covered papers on abuse, Post-traumatic Stress Disorder, and the reaction of the brain to stress. For instance, I learned about the 'Darling they're playing our tune' theory. This is when song triggers vivid memories and emotions related to a significant event. An example of this is when the composer Gustav Mahler ran into the streets to escape the severe arguments of his parents, at which moment he heard a brass band playing. From then on, he associated brass band music with intense and anguishing emotions (Sloboda, 2009). I could relate to that incident since much of my tension was traced back to a tempestuous and volatile home life because of my mother's grieving over the death of her father just a few weeks before my birth coupled with the loss of my twin sister three years later and the coping mechanisms of my father. From an early age, I behaved as though the less I reacted the less bother it would cause. I withdrew into my own games of art work and pretend performances to an imaginary audience; but the price of all that unexpressed emotion is that it has to come out at some time.

Looking back over my own, if somewhat limited drama and singing training, I wonder why so much emphasis is placed on the technical and the physical aspects whilst virtually ignoring the emotional aspects. Since most arts actively involve the creative and emotional aspects of a person it seems even stranger to ignore it. I need not point out how the techniques I employed to inhibit my emotions were the very things a vocalist ought not to do!

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has made him indispensable to the stars." Actor Michael Simkins reports in The Guardian, 13 June 2002, http://www.guardian.co.uk/lifeandstyle/2002/jun/13/healthandwellbeing.health1, consulted on 21 Oct. 2009.

Lorraine Norton [Counsellor, Psychotherapist, BSc (Hons) PG Dip. MBACP] initially attended drama school, worked in the film industry, and later gained a degree in psychology, studied clinical hypnotherapy, and a PG Dip Counselling and Psychotherapy. During her studies Lorraine returned to her interests of acting and singing whilst also seeing clients with a variety of life issues. She has a special interest in tension in performance, particularly in voice. Apart from her psychotherapy work she enjoys singing and regularly takes part in drama, voice, and art activities. She is a member of BAPAM, ISSTIP and BVA and offers Hypnotherapy as part of her practice. **Contact Email**: norton__lorraine@hotmail.com .

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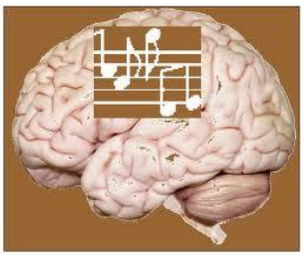
BOOK REVIEW



MUSIC, MOTOR CONTROL AND THE BRAIN By Eckart Alternmüller, Mario Wiesendanger, Jürg Kesselring (2006) New York: Oxford University Press. www.oup.com ISBN-978-0-19-929872-3, 37£.

Are Musicians' Brains different?

In this era of *fMRI*'s and brain imaging, the scientific evidence is in:

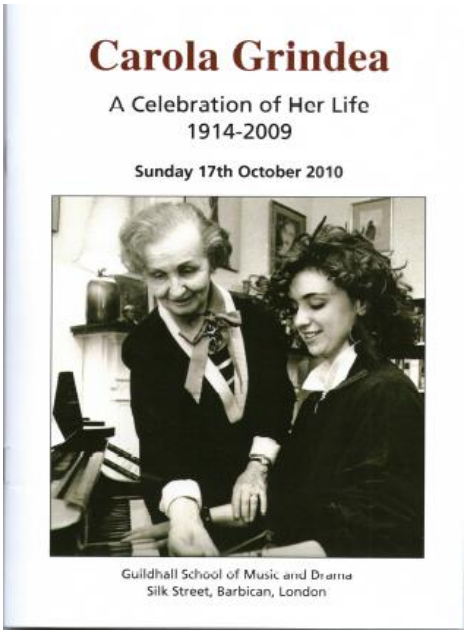
Brain plasticity depends on the behavioural use: there is an ongoing give and take! Brain plasticity in professional musicians appears to be outstanding, probably because the specific effectors, like the fingers, are used on a daily basis, and often for hours to control the sound of the instrument. (p.vi)

Authors Altermüller, Wisendanger, and Kesselring unite works in Music-Medicine from contributing Neurologists, Psychiatrists, Medical Doctors, Physical Therapists, Kinesiologists, Psychologists, and others, from a recent international conference in Switzerland. From the study of aspects of **History**, **Psychology**, **Movement Analysis**, **Representations in the Brain**, and **Apollo's Curse of the Loss of Motor Control in Musicians**, this book includes some of the most recent findings, much of which is based on *fMRI* brain scans and deep brain stimulation.

This fascinating collection of studies about the neurology of music making is well worth the investment for those interested in such topics as: **The Nature of Memory for Music Performance Skills**; **Hand Movements and Musical Performance**; **Brain Structures of Musicians**; **Sensory-motor Networks in Singing and Speaking**; **The Development of Focal Dystonia in Musicians as a Consequence of Maladaptive Plasticity** and other topics about motor movements of various types of musicians (pianists, string and wind players, percussionists).

Studies on virtuosity and the long-term effects of music performing as well as the loss of motor control are addressed. The book is amply illustrated with representative charts, diagrams, and brain scan images and is a fine source of information for future studies.

By Professor Nancy Lee Harper



It is only amazing for one to witness the continuing love and affection brought to London from so many parts of the world through Carola's friends, colleagues and students. On Sunday, 17 October 2010, at the Guildhall School of Music, Carola's spirit came alive with a packed celebration lasting more than four hours! Organised by Nadia Lasserson and her family, the event covered all aspects of Carola's life from her early days of teaching in Bucharest and later in London to her sheltering of numerous artists in need for so many years and to the concept and realization of EPTA, ISSTIP and the Beethoven Society during her retirement. Moving narrations and precious stories were shared with the audience among music and videos, even listening to Carola's very own and distinctive voice teaching her Grindea technique!

The next day, Monday 18th October, at the Romanian Cultural Institute, the Lasserson family yet again organized a concert tribute to Carola. Distinguished guests had arrived to play in memory of this great musician: from the USA, Lori Wallfisch her first ever student in Romania, and Serban Lupu the violinist who found a second home with the Grindeas in the 70s. Halldor Haraldsson, president of EPTA Iceland also played, as well as Irina Botan and Mishka Momen, both protégés students of Carola. Nancy Lee Harper, president of EPTA Portugal, and Diane Andersen, president of EPTA Belgium, gave the world premiere of the four-hand work by Dianne Goolkasian Rahbee *In Memoriam op. 146b Carola Rabinovici Grindea (1914-2009),* a piece written soon after Carola's death that echoed the Romanian national anthem, a Romanian folk dance and Carola's own gentle, melodic and sometimes fierce personality. To Carola's great credit, we also enjoyed the performance of three generations of the Lasserson family, starting with Nadia, the daughter, on the piano, the grandchildren Rachael on the violin, David on the viola and Ben on the cello and the great-grandchildren Raphael and Josh on the piano!! It was a truly memorable evening for a truly memorable lady! ***By Dr Hara Trouli***

ISSTIP AROUND THE WORLD

In this column we write ISSTIP news from our members around the world. ISSTIP has always been known for its international spread of membership and it is always a special time when members from different parts of the globe meet during conferences and local events.

We also invite our members and other intersred parties to send us update of their activities. These can be seminars, festivals, meetings or conferences as well as the opening of a clinic or other establishment that is involved in looking after the well being of the performing artists.

ISSTIP FORUM AT 32ND EPTA CONFERENCE, LJUBLJANA, SLOVENIA, OCTOBER 2010

"**Musicians Wellbeing**" was the subject of an entire day at the 32nd EPTA (European Piano Teachers Association) Conference held from 27-30 October in at the Grand Union Hotel in Ljubljana, Slovenia, hosted by EPTA-Slovenia (Vladimir Milarnic, President). The driving force behind this special day was ISSTIP member Damjana Zupan, who persuaded her esteemed colleagues of the importance to bring vital information to the forefront of the teaching field. As a result, ISSTIP organised a 90-minute Forum with several international presenters on 28 October.

The topic for ISSTIP's Forum centred around **"Healthy Practicing for a Lifetime of Performance"**. The distinguished panel members, who gave short talks followed by panel discussions and audience participation, included: **Professor Aaron Williamon** (Head of Performance Science Centre at the Royal College of Music, London); **Professor Megumi Masaki** (Piano Professor and Researcher at Brandon University, Canada), **Professor Carmen Luize Avram** (National University of Music, Bucharest); **Dr. Hara Trouli** (ISSTIP chair and medical doctor); **Damjana Zupan** (Slovenia National Superior School of Music); **Andy Evans** (Psychologist, Thames Valley University, London); **Steven Rodman** (Ernest Bevins Sports College, UK), and **Professor Nancy Lee Harper** (Universidade de Aveiro, Portugal) as moderator.

Before starting the panel discussion, ISSTIP's Chair, Dr. Hara Trouli, gave a brief presentation about ISSTIP, its history and its current work. The presenters then had a short time to give their particular viewpoint to the main topic. These included: **The Musician's Hearing and the Noise of Performance** (Aaron Williamon); **What time is your healthy practice time?** (Megumi Masaki); **The importance of eliminating the bad habits of hand tensions in order to avoid professional illness** (Carmen Luize Avram); **Recognising when there is something wrong** (Hara Trouli); **Playing the Ego** (Damjana Zupan); **Practicing Healthy Thinking** (Andy Evans); **Healthy Shoulders** (Steven Rodman).

55000 yr-old Divje Babe Neanderthal Bone Flute in Slovenian National Museum, made from bear femur

The panellists themselves had several comments to make about their colleagues' viewpoints. Audience members were also given a chance to comment or ask questions. As a result of this stimulating Forum, awareness was heightened for musicians and performing artists to take care of themselves in order to prevent injury and to identify it before getting too far advanced. ISSTIP wishes to thank EPTA Slovenia and especially Damjana Zupan for this marvellous opportunity

By Professor Nancy Lee Harper

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28th Annual Symposium on Medical Problems of Performing Artists Snowmass, Aspen, Colorado USA, July 29th – August 1, 2010

It was with high anticipation that I was on my way to the PAMA (Performing Arts Medicine Association) 28th Annual Symposium on Medical Problems of Performing Artists that took place at Snowmass, Colorado, USA in conjunction with the Aspen Music Festival and Music School. I stayed – along with all other delegates – at the glorious Snowmass peak, which this time of the year was generously green and hosting hikers, cyclists and all sorts of holiday makers. Aspen itself was full of energy and summer events, a true delight of happenings.

The Symposium lasted four days and the schedule included a wide range of topics from Performing Techniques, Performance Anxiety and Posture presentations to Injuries and Ergonomics of Musicians and Dancers. There were shared round table discussions on Educational Opportunities in Performing Arts Medicine and on Performing Arts Clinics. Views were exchanged on Screening and Wellness projects and Biofeedback and Clinical Examination Workshops added to the diversity of the programme. The attendees came from the USA, Canada, Australia, Hong Kong, Germany, United Kingdom and elsewhere and participation was high.

I personally had the opportunity to present some work on wrist surgery and I listened with great interest to a big number of other research papers. I also met with many who share and engage in health issues for the performing artists and exchanged views and initiated future collaborations. I need to congratulate PAMA for a very successful symposium and also for including ISSTIP in their programme's advertisements.

As discussed on previous occasions with the PAMA board, ISSTIP is willing to extend its connection with PAMA and to find ways of approaching common issues in a mutually constructive way. I will certainly keep open the route of communication between the two organizations.

By Dr Hara Trouli

Performance Health in Jamaica
- *a seed has been planted!*

Last July, we responded to an initiative taken by our Jamaican ISSTIP member Joy Fairclough-Morgan to participate in a Performance Health Workshop in Kingston. Invited presenters were Dr Garfield Davies, Consultant Laryngologist from London, UK, Professor Kathleen Riley, specialist in piano methodology and biofeedback training from New York, USA, Professor Nancy Lee Harper, head of piano studies at the University of Aveiro, Portugal, Dr Hara Trouli, medical doctor specialising in musculoskeletal medicine from London, UK and Dr Catherine March, alternative medicine specialist from Kingston, Jamaica.

The sessions involved talks on the anatomy and physiology of the larynx and the pathological conditions affecting the voice of singers, a biofeedback workshop with young piano players demonstrating the tensing muscles of the upper body during playing, a webinar on the brain's memory patterns, a demonstration on the Grindea Technique, talks on the anatomy and physiology of the hand and arm, and medical conditions that affect musicians and finally therapies and nutrition advice for a healthier lifestyle.

Jamaica has made a start and the seed has been planted! Awareness of potential problems is building up and we hope that efforts will continue towards more work and collaborations with local and international specialists to further improve services for the artists of Jamaica.

We would like to thank our hosts and we wish them every success with all their future events.

By Dr Hara Trouli

TENSION IN PERFORMANCE – THE ISSTIP JOURNAL

Guidelines for Authors

The International Society for the Study of Tension in Performance is published twice a year (Spring and Autumn). The Journal is peer-reviewed and open to submissions from professionals and graduate students of all fields of practice and research related to the educational, medical, and psychological problems of performing artists, including those problems affecting musicians, dancers, vocalists, actors, and others. As well, **ISSTIP** is pleased to consider original research studies, case reports, personal essays, review articles, book and multi-media reviews, and letters to the editor with the understanding that they have not been published or submitted for publication elsewhere. ISSTIP reserves the right, in exceptional cases, to re-publish a work with the requisite written authorisation from the previous publisher. For information on Guidelines for submissions, please see the Journal category on ISSTIP's website: www.isstip.org or write to isstip@gmail.com. The deadlines for submissions are **15 January** and **15 June** of each year.

The International Society for the Study of Tension in Performance presents a worldwide forum for professionals of all fields of practice and research related to the educational, medical, and psychological problems of performing artists, including those problems affecting musicians, dancers, vocalists, actors, and others. As well, **ISSTIP** is pleased to consider original research studies, case reports, personal essays, review articles, book and multi-media reviews, and letters to the editor with the understanding that they have not been published or submitted for publication elsewhere. ISSTIP reserves the right, in exceptional cases, to re-publish a work with the requisite written authorisation from the previous publisher.

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Biography of Author(s): A short biography of 100 words for each author should accompany the submission of the article. The author may elect to also include contact information of an email address at the end of the biography.

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B) Books with 1 Author:
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Contributing authors will not be remunerated, but will receive two complimentary copies of the ISSTIP journal in which their contributions occur.

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The **Department of Communication and Art** of the **University of Aveiro** (**Aveiro, Portugal**) will host, from **May 19th to 21st 2011**, **PERFORMA'11**, a conference on performance studies organized by INET-MD.

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